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FLINTSHIRE
COUNTY
COUNCIL

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The . . . Health of Flintshire

The Report

of the
Medical Officer
for the year
1968



Flintshire County Council

THE HEALTH OF
FLINTSHIRE

The Report

OF THE

Medical Officer

FOR THE YEAR

1968



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COUNTY HEALTH OFFICES,
SHIRE HALL,
M O L D.

To the Chairman and Members of
the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

In 1968, again the population of the county showed a substantial increase of 3,050 to a total of 166,160 and these factors alone presents difficulties in maintaining the county health services at their existing level, bearing in mind the difficulty in recruiting trained staff. It must also be remembered that the public, quite rightly, demand higher standards of service each year, so intensive in-service training of existing staff in all departments has become essential and has to be taken into consideration in our annual planning and budgeting.

Work is proceeding on the re-organisation of local government in Wales, but no changes were introduced during 1968 or legislation submitted to Parliament to bring about the recommended changes. The Seebohm Report on the future pattern of social services in local authorities was published during the year and the report recommended the establishment of a Social Work Department to administer the work of welfare departments, children's committees, and all the social work of health departments. During the year also the Green Paper on the re-organisation of the Health Service was published by the Minister of Health. The main recommendation of the Green Paper was the setting up of Area Boards to administer the three branches of the health service. The reaction to this proposal was not well received by any of the three branches of the service, and no final decision was received on the report by the time this report was written. If there is to be re-organisation I would strongly advocate two branches of the health service, a hospital service and a community health service, embracing the general practitioner and the Local Health Authority Services.

A start has already been made in the county to establish a Community Health Service by the attachment of midwives and nurses to general practitioners. By the end of the year all nurse/midwives in the Western half of the county were working in attachment to general practitioners and it is proposed to extend this to cover the whole county in 1969. During the year, there was a marked increase in cases discharged from hospital early and cared for at home by district nurses. This was particularly marked in the case of surgical cases, an increase from 850 cases in 1967 to 1,118 in 1968. This trend is partly due to our developing attachment schemes and is associated

with closer working between general practitioners and district nurses.

A start has also been made on the attachment of other staff to doctors, health visitors, mental welfare officers and other social workers. In the case of mental welfare officers and other social workers attachment will mean one worker covering a given area and working with a group of doctors and having regular contact with them. In time this joint approach to medical care will, I am sure, be the accepted practice working from purpose built premises or health centres.

Our Community Services for the Mentally Disordered (M.D.) showed steady development during the year. Our two training centres were working to capacity and adults on the waiting list were accommodated at the extensions built at the Adult Centre at Greenfield. We were able to provide extra places at the hostel in Rhyl by providing new accommodation for staff. At the end of the year we had eight mental welfare officers and a trainee and a substantial increase in visiting, and after-care was achieved during the year. One feature of the after-care work was the increase in patients who were found boarding house accommodation during the year, thus relieving pressure on hospital beds needed for acute cases.

During the year, the Family Planning Service was expanded to meet increasing demands by the opening of an extra clinic at Prestatyn to make four clinics in all. We are still getting requests from other areas for Family Planning Clinics, but financial limitations preclude the opening of extra clinics to meet these requests at the present time. It will be noted that the number of patients who attended Family Planning clinics in 1968 - 1211 - was nearly four times the total in 1967. I would like to pay tribute to the excellent way that the Family Planning Association carry out their duties in the county and the high standards of work maintained by their staff, doctors, nurses and lay workers.

I have been concerned in the last few years at the steadily rising number of illegitimate births, a total of 213 in 1968 - 7.10% of all births. This is a disturbing national trend and it will be noted that the post war rate was 40 illegitimate births per 1000 births. The figure has risen steadily in the past 10 years from 41.92 to 70 illegitimate births per 1000 births in 1968. This is a problem that is difficult to resolve and indeed difficult to even comment on in a constructive way. Early maturity, greater freedom of the young and higher earning power all contribute to greater opportunities for the sexes to meet without any adult "supervision". This freedom without responsibility may well be the reason for the higher illegitimate birth rate and also equally seriously for the rising incidence of venereal disease.

During the year, steps were taken to handle all our records

relating to immunisation and vaccination by computer. This would include all new cases, printing out of appointments, and follow-up and rendering of accounts of payments due to general practitioners. All the preliminary work was completed by the end of the year and the scheme covering local health and general practitioner records comes into operation on 1st January, 1969.

The work of the Ambulance Service increased during the year and 61,577 patients were conveyed during the year, an increase of 4,000 on 1967. The service conveyed an average 132 patients every 24 hours, an average 22 emergency calls were dealt with every 24 hours and average miles per patient was 8. A considerable amount of new and up to date equipment was purchased, of particular importance being new resuscitation equipment which is now standard on all vehicles. During the year also 7 more staff completed the Ministry of Health approved 6 weeks training course for ambulance personnel.

A considerable amount of time was spent during the year in improving our service for the generally handicapped. Mrs. B. Wareham, who successfully completed her two year course in social work returned during the year and was designated Senior Social Worker for the handicapped and she spent some time in re-organising the service and in making better use of the staff and facilities available. A great deal of work was done in providing special aids for the handicapped persons and in the adaptation of houses occupied by handicapped persons. In the work of adaptation Mr. E. Lewis, the County Public Health Officer, gave valuable help and his knowledge of building construction was very valuable. At the end of the year there were 331 handicapped persons on the register and 3,769 visits were made by the social workers during 1968.

During February 1968, the health department moved into the Shire Hall from Llwynegryn Hall. For the first time all departments of the County Council were in the same building. Having all departments under one roof has many advantages not least being easier communication and consultation. Considerable economies have also resulted in pooling of certain common services such as typing, printing and purchasing. The very excellent facilities at the Shire Hall are very much appreciated by all the staff and full use is being made of the amenities provided.

I would like again to thank all the members of the staff of the health department for their services during 1968 - what was achieved was the result of their combined efforts - and this was very considerable. I would like, in particular, to thank Mr. A. Whitley, Chief Clerk, for collating all the information for this report and undertaking the preliminary preparation of tables and other statistical information.

I would like to thank the Chairman and members of the Health Committee for their support during the year, the Clerk of the County Council and his staff and the County Treasurer and his staff. It is a pleasure to record the good relations between all departments of the Council and to thank those who have co-operated with the department in 1968.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G.W. ROBERTS,

County Medical Officer of Health.

STAFF CHANGES

Medical:

The following changes occurred in the part-time Assistant Medical Officers staff:-

Dr. E.M. Harding resigned on the 1st September, Dr. A. Lloyd Jones resigned on the 31st October, Dr. F.J. Murray commenced duty on the 12th September and resigned on the 6th December. Dr. R.D. Williams and Dr. B.N. Jenson commenced duty on the 7th October and 4th December respectively.

Dental:

Miss I.M.S. Davies commenced duty as full-time Dental Officer on the 8th January and resigned on the 31st August.

Dr. Gwyneth P. Roberts commenced duty as part-time Dental Anaesthetist on the 6th February.

Mrs. S.F. Moran and Mrs. M. Morton, part-time Dental Officers, resigned on the 19th January and 26th April respectively.

Mr. B.T. Broadbent, part-time Consultant Orthodontist, resigned on the 31st July, Mr. J. Hopper commenced duty as part-time Consultant Orthodontist on the 6th August.

The following changes occurred in the part-time Dental Surgery Assistants staff:-

Mrs. E. Lloyd commenced duty on the 11th January and resigned on the 26th July. Mrs. C.M. Coxon commenced duty on the 11th January. Mrs. A.B. Ratcliffe commenced duty on the 15th January. Mrs. J.G. Shaw resigned on the 12th January.

Health Visiting:

Mrs. D.M. Lewis, Health Visitor/School Nurse for the St. Asaph Area, was designated Senior Health Visitor for the Western Area on the 1st January.

The following commenced duty on the dates shown:-

Mrs. E. Bellis	29th July, 1968	Miss A.M.C. Smith	1st Sept. 1968
Mrs. G. Jones	7th October, 1968	Mrs. B.J. Forster	18th Nov. 1968

The following resigned during the year:-

Mrs. R. Jones 29th February, 1968 Mrs. D. Jeronimidis 31st Aug., 1968
Mrs. E. Bellis 29th November, 1968

Mrs. A.R. Iball, Visitor for Chest Diseases, resigned on the 31st August. Mrs. I.M.M. Beedles commenced duty as Visitor for Chest Diseases on the 16th September.

Mrs. A. Clark and Miss E. Simmons commenced attendance at the full-time Health Visitors Training Course on the 16th September.

Clinic Nurses:

The following commenced duty as part-time Clinic Nurses on the dates shown:-

Mrs. S.M. Hayward 20th May, 1968 Mrs. J. Nicholls 11th Nov., 1968
Mrs. R.A. Jones 5th Nov., 1968 Mrs. D. Williams 18th Nov., 1968
Mrs. G. Devlin 8th Dec., 1968

The following resigned during the year:-

Mrs. S.E. Thomas 29th April, 1968 Mrs. R. Williams 8th Nov., 1968
Mrs. A. Cotgreave 13th December, 1968

Nurses and Midwives:

The undermentioned Nurses resigned during the year:-

Miss B. Davies	Western Area	4: 1: 68
Miss H.E.J. Gillespie	Central Area	29: 2: 68
Mrs. E. Robinson	Western Area	31: 3: 68
Mrs. M. Williams	Central Area	30: 9: 68
Mrs. R.A. Roberts	Western Area	30: 11: 68
Miss I. Leece	Eastern Area	30: 11: 68
Mrs. W.A. Butler	Eastern Area	30: 11: 68
Mrs. J. Nicholls	Central Area	30: 11: 68
Mrs. M. Jones	Central Area	31: 12: 68
Mrs. M.E. Hughes	Eastern Area	31: 12: 68
Mrs. S.E. Kingston	Western Area	31: 12: 68
Mrs. A.E. Pierce	Eastern Area	31: 12: 68

The undermentioned Nurses were appointed during the year:-

Miss A.B. Elder	Western Area	1: 1: 68
Mrs. S.I. Roberts	Western Area	22: 1: 68
Mrs. M.L. Roberts	Central Area	8: 4: 68

The undermentioned Nurses were appointed during the year:-
(cont'd)

Mrs. B.M. Nethercott	Western Area	1: 5: 68
Mrs. B. Williams	Western Area	1: 5: 68
Mrs. E.A. Patterson	Eastern Area	1: 9: 68
Mrs. M.E. Parsons	Central Area	16: 9: 68
Mrs. M. Hobbs	Eastern Area	1: 10: 68
Miss A.M. Ross	Eastern Area	2: 12: 68
Mrs. H.M. Marks	Central Area	6: 12: 68
Miss D.K. Adamson	Central Area	19: 12: 68
Mrs. J.M. German	Western Area	23: 12: 68

Mrs. I. Shepherd, District Nurse/Midwife, in the Western Area was appointed Deputy Superintendent Nursing Officer and Deputy Supervisor of Midwives on the 1st May, 1968.

Mental Health Staff:

Miss I.M. Jones commenced duty as a Trainee Mental Welfare Officer on the 4th June, 1968.

Fronfraith Hostel:

Mrs. M.E. Jenkins and Mr. J. Jenkins resigned on the 3rd July and 8th November, respectively.

Mr. H. Madew commenced duty as Warden on the 1st December. Mrs. G. Maddocks and Mr. R.A.A. Davies commenced duty as Assistant Wardens on the 20th June and the 1st August respectively.

Greenfield Adult Training Centre:•

Mrs. V. Salisbury commenced duty as Assistant Supervisor on the 19th February, 1968.

Tirionfa Junior Training Centre:

Miss H. Powell commenced duty as Trainee Assistant Supervisor on the 4th September, 1968.

Speech Therapist:

Miss G. Roberts resigned her appointment as full-time Speech Therapist on the 31st May, 1968.

Home Help:

Miss C.O. Simpson commenced duty as Assistant Home Help Organiser on the 1st June, 1968.

Other Staff:

Mrs. M. Nicklin commenced duty as part-time Handicraft Instructor on the 1st May, 1968.

Mr. H.G. Jones commenced duty as part-time Chiropodist on the 2nd July, 1968.

ATTENDANCES AT COURSES AND CONFERENCES

Medical Officers:

Dr. G.W. Roberts Royal Society of Health Congress, Eastbourne
24th April, 1968 to 3rd May, 1968.
National Association for Mental Health Annual
Conference, London 23rd February, 1968.
Day Conference on Williams Report, Liverpool
31st January, 1968.
Conference on Family Planning for Britain,
London, 5th April, 1968.

Dr. E.V. Woodcock Postgraduate Course in Medicine, Cardiff,
8th July, 1968 to 12th July, 1968.
Course on Education of the Deaf, Sheffield,
11th and 12th October, 1968.

Dr. L. Munro Postgraduate Course in Medicine, Cardiff,
8th to 12th July, 1968.

Dr. W. Manwell Postgraduate Course in Medicine, Cardiff,
8th to 12th July, 1968.

Dental Officers:

Mr. A. Fielding British Dental Association Annual Conference,
Brighton 17th to 21st June, 1968.

Mr. L. Harries Course on General Anaesthesia, London,
25th May, 1968.

Public Health Inspector:

Mr. E. Lewis Royal Society of Health Congress, Eastbourne
29th April, 1968 to 3rd May, 1968.
Week-end School for Public Health Inspectors,
Bangor 29th to 31st March, 1968.
Summer School in Health Education, Bangor,
13th to 23rd August, 1968.

Health Visitors:

Miss P. M. Matthews Institute of Home Help Organisers' Week-end
School, London, 12th to 14th September, 1968.

Miss A.M. Stewart General Refresher Course, Rhyl, 22nd to 26th
April, 1968.

Mrs. M.D. Lewis)
Miss M.Y. Secker) Course on the Care of the Elderly, Rhyl, 29th
April, 1968 to 3rd May, 1968.
Miss M. Lees)
Mrs. P. Coupe)

Miss D.E. Booth Course of Current Geriatric Problems,
Liverpool, 17th January, 1968 to 3rd May, 1968.

Miss D. Phillips Joint Conference - English and Scottish Health
Visitors' Association 12th to 16th August, 1968.

Nurses and Midwives:

Miss L. Mann Conference on District Nurse Training, Cardiff,
10th July, 1968.
Study Day for District Nursing Administrators,
London, 4th May, 1968.

Mrs. I. Leece
Miss S.C. Edwards Refresher Course for Midwives, Hull, 1st to
6th April, 1968.

Mrs. M.E. Pritchard Refresher Course for Midwives, Keele, 31st
March, 1968 to 5th April, 1968.

Mrs. J.E. Rainbow
Mrs. C.M. Griffiths Practical Work Instructors' Course, London,
4th to 8th March, 1968.

Mrs. I. Shepherd Study Day - Queens Institute of District Nursing,
London, 1st November, 1968.
Conference on District Nurse Training, Cardiff
10th July, 1968.

Mrs. I. Shepherd (cont'd)	Practical Work Instructors' Course, London, 4th to 8th March, 1968.
Mrs. W. Jones	General Refresher Course, Bangor, 14th to 20th July, 1968.
Miss R. Owen	General Refresher Course, Sheffield, 8th to 14th September, 1968.
Miss I. Jones Mrs. M. Williams	General Refresher Course, Liverpool, 8th to 13th September, 1968.
Mrs. M. Black) Mrs. F.J. Cowx)	Preparation for Parenthood Course, Preston, 6th to 10th May, 1968.
Miss E.E. Jones) Miss H. Werner)	Preparation for Parenthood Course, Preston, 7th to 11th October, 1968.
Miss E.A. Parry	Postgraduate Course for Midwives, Bradford, 8th to 13th September, 1968.
Mrs. C.R. Williams	Midwives Refresher Course, Wrexham, 19th April, 1968 to 5th July, 1968.
Ambulance Staff:	
Mr. D.J. Jones	Annual Conference - National Association of Ambulance Officers - Blackpool 24th to 26th September, 1968.
Mr. P.J. Stanley	County Ambulance Training Course, Nantwich 15th January, 1968 to 24th February, 1968.
Mr. D.J. Coulton	County Ambulance Training Course, Nantwich 16th April, 1968 to 24th May, 1968.
Mr. G.E. Hughes	County Ambulance Training Course, Nantwich 3rd June, 1968 to 13th July, 1968.
Mr. J. Ball) Mr. G. Bellis)	County Ambulance Training Course, Nantwich 30th September, 1968 to 8th November, 1968.
Mr. K. Jackson) Mr. J. Lancelott)	County Ambulance Training Course, Nantwich 11th November, 1968 to 20th December, 1968.
Mental Health Staff:	
Miss L. Davies	Course on Handicapped Children, Bangor, 9th to 13th September, 1968.

Mrs. D. Goodwin
Mrs. L. Jones

Course on Mentally Handicapped Children,
Manchester 13th to 17th May, 1968.

Home Help Staff:

Miss C. Simpson

Institute of Home Help Organisers' Week-end
School, London 12th to 14th September, 1968.

Office Staff:

Mr. E. Roberts

Summer School in Public Health Administration,
Oxford, 11th to 14th September, 1968.

Other Staff:

Mrs. L. Colledge

Course on Education of Deaf Children,
Sheffield 11th to 12th October, 1968.

Section 1

ADMINISTRATION

A - DEPARTMENTAL OFFICERS

County Medical Officer:

Griffith Wyn Roberts, MB BCh BAO DPH,
Official Address: County Health Offices, Shire Hall, Mold
Tel: Mold 2121

Deputy County Medical Officer:

Kenneth Steven Deas, MB ChB DPH

Senior Assistant Medical Officer:

Lillie Lund Munro, MB ChB DPH

Assistant Medical Officers (full-time):

William Manwell, MB BCh BAO DTM DPH CM
Edith V. Woodcock, MB ChB DPH

**Assistant Medical Officers (part-time) who are also Medical Officers
of Health for Grouped County Districts:**

D.J. Fraser, MB ChB DPH
D.P.W. Roberts, MB ChB DOBst RCOG DPH

Assistant Medical Officers (part-time sessional):

Dr. E.M. Harding, MB ChB DPH (Resigned 1:9:68)
Dr. J.D. McCarter, MB BCh BAO
Dr. Ann Lloyd Jones, MB BS MRCS LRCP (Resigned 31:10:68)
Dr. Y.B. Gibson, MB BCh
Dr. R.D. Williams, MRCS LRCP
Dr. B.M. Jensen, MRCS LRCP

Chest Physicians (part-time)

E. Clifford-Jones, MB BS MRCS (Eng) LRCP (London)
J.B. Morrison, MD ChB
R.W. Biagi, MBE MB ChB MRCPE

Child Guidance Consultant (Welsh Hospital Board Staff):

E. Simmons, MD LRCP LRCS (Edin) LRFPS (Glasgow)

**Ear, Nose and Throat and Audiology Consultant (Welsh Hospital
Board Staff):**

Catrin M. Williams, FRCS

Ophthalmic Consultants (Welsh Hospital Board Staff):

E. Lyons, MB ChB DOMS
J. Nath, MB BS (Resigned 11:10:68)

Ophthalmic Optician (part-time sessional):

A.S.M. Saum, FBOA (Hons)

Orthopaedic Consultant (Clwyd and Deeside Hospital Management Committee, Prince Edward War Memorial Hospital, Rhyl):

R. Owen, MCh (Orth.) FRCS

Consultant Paediatrician (Regional Hospital Board Staff):

M.M. McLean, MB MRCPE DCH

Consultant Obstetricians and Gynaecologists:

Mr. E. Parry-Jones, MD MS FRCOG (Clwyd and Deeside Hospital Management Committee)

(Mr. D.B. Whitehouse, MD FRCS MRCOG)

(Mr. G.A. Humphreys, MRCS LRCP FRCOG (Wrexham, Powys and Mawddach Hospital Management Committee))

Consultant Geriatricians:

Dr. June P. Arnold, MD MRCP (Clwyd and Deeside Hospital Management Committee)

Dr. Evan Griffiths, MB BS (Lond) LRCP MRCS FRCS (Edin.)
FRCS (Eng.) (Wrexham Powys and Mawddach Hospital Management Committee)

Speech Therapists:

Mrs. R.E. Ward, LCST

Miss G. Roberts, LCST (Full-time) Resigned 31:5:68)

Principal School Dental Officer (full-time):

A. Fielding, LDS RCS

Dental Officers (full-time):

Frederick Seymour Dodd, LDS

Leon Harris, BDS

Arthur Oliver Hewitt, LDS

Dental Officers (part-time):

Mr. C. Hubbard, LDS

Mr. H.E. Edwards, LDS

Mrs. S.F. Moran, LDS (Resigned 19: 1: 68)

Mrs. M. Morton, BDS (Resigned 26:4: 68)

Consultant Orthodontist (part-time sessional):

B.T. Broadbent, FDS RCS (Resigned 1: 7: 68)

J. Hopper, LDS (Orth)

Dental Anaesthetists (part-time sessional):

Dr. G.E.S. Robinson
Dr. M.E. Lloyd
Dr. H. Evans
Dr. G.P. Roberts (since 6: 2: 68)
Mr. T. Roberts, LDS

County Public Health Officer (also Food and Drugs Inspector):

Elwyn Lewis, MRSH FAPHI

Superintendent Nursing Officer and Supervisor of Midwives:

Miss L. Mann SRN SCM QN HVCert

Deputy Superintendent Nursing Officer and Supervisor of Midwives:

Mrs. I. Shepherd, SRN SCM QN

**Superintendent Health Visitor/School Nurse, also Domestic Help
Organiser:**

Miss P.M. Matthews SRN SCM HVCert NAPHCert.

Health Visitors (Acting Jointly as Health Visitors and School Nurses):

All State Registered Nurses and State Certified Midwives, and
with Health Visitor's Certificate or other qualifications:-

Miss M. Williams, Senior Health Visitor/School Nurse, Eastern
Area.

Mrs. D.M. Lewis, Senior Health Visitor/School Nurse, Western
Area.

Mrs. P.B.M. Coupe

Mrs. S. Lewis (part-time)

Miss M.J. Hughes

Miss G.M. Jones

Miss G. Jones (part-time)

Miss M.Y. Secker

Miss M. Lees

Miss I.M. Swinscoe

Miss A.M. Stewart

Miss D. Phillips

Mrs. L. Pritchard

Miss M. Hinchin

Mrs. M.E. Pearse

Miss F.M. Higginson

Miss M.W. Wright

Mrs. D. Jeronimidis

Mrs. M. Moffat

(Resigned 31:8:68)

Miss D.E. Booth

Mrs. R. Jones (Resigned

Miss D.J. Levens

29:2:68)

Miss A.M.C. Smith (Since 1: 9: 68)

Miss P.M. Haworth

Mrs. B.J. Forster (Since 18:11: 68)

Mrs. G. Jones (Since 7:10:68)

Visitors for Chest Diseases:

Mrs. M.M. Roberts, SRN SCM TBCert (Part-time)

Mrs. I.M.M. Beedles, SRN BTA

Clinic Nurses:

Full-Time:-	Mrs. S. A. Latham
Part-Time:-	Mrs. R. Cunnah
Mrs. R.W. Jones	Mrs. M.M. Digweed
Mrs. J. Nicholls	Mrs. R. Williams (Resigned 8:11:68)
Mrs. D. Williams	Mrs. A. Roberts
Mrs. G. Devlin	Mrs. A. Cotgreave (Resigned 13:12:68)
Mrs. S.M. Hayward	Miss S.E. Thomas (Resigned 29: 4: 68)
	Mrs. M. Swinnerton

Dental Surgery Assistants:

Mrs. L.M. Martin	Miss M.E. Roberts
Mrs. B.M. Roberts	Mrs. E.I. Roberts
Mrs. D. Young (Part-time)	Mrs. C.M. Coxon (Part-time)
Mrs. M. Miles (Part-time)	Mrs. J. Williams (Part-time)
Mrs. A.B. Ratcliffe (Part-time)	

Assistant Domestic Help Organisers:

Mrs. S.M. Stuart-Morgan
Miss C.O. Simpson

Ambulance Officer:

David John Jones, FIAO FICAP

Chief Mental Welfare Officer

R. Powell, CSW

Senior Mental Welfare Officer

I. Thomas, CSW

Supervisor, Junior Training Centre:

Mrs. D.E. Goodwin, Dip NAMH

Warden, Fronfraith Hostel:

H. Madew

Home Visitors for Handicapped Persons (General Classes):

Mrs. B. Wareham, CSW	- Senior Social Worker
Mrs. G.E.G. Kelsey	
Mr. A.E. Airey	
Mrs. E. Williams)	Part-time Handicraft
Mrs. M. Nicklin)	Instructors

Chief Clerk:

Arthur Whitley

Departmental Senior Clerk:

Edward F. Jones

Domiciliary Midwives and Domiciliary General Nurses:

At the end of the year under report, the following Midwives and Nurses were employed full-time by the County Council:-

District Nurse/Midwives	38
District Nurses	14
State Enrolled Nurses (Assisting on districts)	6
Total	<u>58</u>

Domestic Helpers (Employed at the end of the Year):

Whole-time	3
Part-time	151
	<u>154</u>

Mental Welfare Officers:

At the end of the year, the Authority employed, in addition to the Chief Mental Welfare Officer, one Senior Mental Welfare Officer, four full-time Mental Welfare Officers, two Assistant Mental Welfare Officers and one Trainee Mental Welfare Officer.

The areas served by the Mental Welfare Officers are as follows:-

<u>Mental Welfare Officer</u>	<u>District or Parish</u>	
Mr. R. Powell, Tel: Night and Weekend Mold 3277	Buckley U.D. Mold U.D. Maelor R.D. Abermorddu	Llong Marford Mynydd Isa Nannerch
Mrs. Z. Hughes, Tel: Night and Weekend Caerwys 413	Alltami Bryn-y-Baal Caergwrle Cefn-y-Bedd	Nercwys New Brighton Northop Northop Hall
Working from Shire Hall, Tel: Mold 2121	Cilcain Coed Talon Cymau Ffrith Gwernaffield Gwernymynydd Halkyn Hendre Hope Hoseley Leeswood Lixwm Llanfynydd	Padeswood Pentrobin Pantymwyn Penyffordd Penymynydd Pontblyddyn Pontybodkin Rhesycae Rhosesmor Rhydymwyn Rhydtalog Soughton Treuddyn

Mental Welfare Officer

Mr. I. Thomas,
Tel: Night and Weekend
Mold 2734

Miss I.M. Jones
Tel: Night and Weekend
Buckley 3495

Working from,

The Clinic, Civic Centre,
Connah's Quay.
Tel: Connah's Quay 3486.

District or Parish

Connah's Quay	Hawarden
U.D.	Higher
Flint M.B.	Kinnerton
Holywell U.D.	Mancot
Broughton	East Saltney
Ewloe	West Saltney
Garden City	Sealand

Mrs. R. Roberts,
Tel: Night and Weekend

Mr. R.C. Jones,
Tel: Night and Weekend
Rhuddlan 455

Working from:

Craigmor, Russell Road,
Rhyl.
Tel: Rhyl 4521

Prestatyn U.D.	Holway
Rhyl U.D.	Llanasa
Afonwen	Llanerchymor
Babell	Lloc
Berthengam	Mostyn
Bodelwyddan	Pantasaph
Bodfari	Picton
Brynford	Rhewl
Caerwys	Rhuallt
Calcoed	Rhuddlan
Carmel	St. Asaph
Cwm	Talacre
Dyserth	Trelawnyd
Ffynnongroew	Trelogan
Gorsedd	Tremeirchion
Gronant	Waen
Gwaenysgor	Whitford
Gwespyr	Ysceifiog

CLERK OF THE COUNTY COUNCIL
T.M. Haydn Rees, DL, Solicitor

B - ASSOCIATED OFFICERS

Director of Education:
M.J. Jones, MA

County Surveyor:
E.W.W. Richards, MICE, MStructE, MIHE

B - ASSOCIATED OFFICERS (cont'd)

County Architect:

R.W. Harvey, ARIBA

County Treasurer:

Sidney Elmitt, FIMTA, FRVA

County Welfare Officer:

T. Wesley Hughes, FInstW

Children's Officer:

Mrs. L.Davies, BA

Public Analyst (Fee-paid):

J.G. Sharratt, BSc FRIC

Deputy Public Analyst (Fee-paid):

R. Sinar, BPharm BSc FPS FRIC

Health Officers of the Several Sanitary Districts (as on 31st December, 1968)

District	Medical Officer	Chief Public Health Inspector
Buckley Urban	Dr. D.J. Fraser	Mr. A.G. Watkin, U.D.C. Offices, Buckley
Connah's Quay Urban	Dr. D.J. Fraser	Mr. C. Stoddart, U.D.C. Offices, Connah's Quay
Flint Municipal Borough	Dr. D.J. Fraser	Mr. L. Graham, Town Hall, Flint
Holywell Urban	Dr. D.P.W. Roberts	Mr. H.L. Fields, U.D.C. Offices, Holywell
Mold Urban	Dr. D.J. Fraser	Mr. R. Goucher, U.D.C. Offices, Mold
Prestatyn Urban	Dr. D.P.W. Roberts	Mr. J.M. Edwards, U.D.C. Offices, Prestatyn
Rhyl Urban	Dr. D.P.W. Roberts	Mr. E.L.L. Jones, Russell House, Rhyl
Hawarden Rural	Dr. D.J. Fraser	Mr. D.R. George, R.D.C. Offices, Hawarden
Holywell Rural	Dr. D.P.W. Roberts	Mr. D.O. Meredith Jones, R.D.C. Offices, Holywell
Maelor Rural	Dr. D.J. Fraser	Mr. S.J.V. James, R.D.C. Offices, Overton
St. Asaph Rural	Dr. D.P.W. Roberts	Mr. R.P. Barlow, R.D.C. Offices, St. Asaph

STATISTICS AND SOCIAL CONDITIONS

The increase in the county population recorded in recent years continued during 1968, and at the end of 1968, the population was 166,160 compared with 163,110 at the end of 1967 - an increase of 3,050. As in previous years this was due to (a) influx of persons coming into the Prestatyn and Rhyl areas to retire, (b) new working population coming into Deeside, and housing estates in the Eastern half of the county, and (c) an increase of births over deaths in the county as a whole.

The county has three fairly well defined areas which differ markedly from each other. The Western top of the county is a popular holiday area with a large number of caravans, camping sites and boarding houses and hotels. This area has some light industry and efforts are continuing to attract additional suitable industries into the area in order to balance the position of full employment in summer and high unemployment in winter. The Eastern half of the county and the Deeside area is mainly industrial and this area continues to attract some new industries and is well placed for this purpose because of its proximity to good port and rail facilities. The development and expansion of Mostyn Docks is a welcome step in the further development of this industrial area. The remainder of the county is predominantly rural and has a thriving agricultural community. It is of interest to note that improvements in methods of farming due to the introduction of scientific methods has improved the prospects of the farming community in the county and other parts of Wales.

The areas showing the greatest increase in population were Hawarden R.D. (1050), Connah's Quay U.D. (540), Buckley U.D. (480) these three areas accounted for an increase in population of 2,070 out of a total increase of 3,050. These three areas naturally had a large increase in new housing and showed a total of 994 new houses out of a total of 2,001 for the whole county. In all parts of the county private housing exceeds local authority housing, a total of 1481 private dwellings compared with 520 local authority dwellings. Many of the local authority houses are to replace unfit houses and to provide special single bedroomed accommodation for the elderly.

During the year, the death rate for the county showed a slight increase from 11.9 to 12.7 and is slightly higher than the national average due to the high proportion of retired aged persons in the Western half of the county. It is worth recording that the percentage over 65 years of age in Prestatyn and Rhyl is 21% and 20.5% respectively compared with 13.1% for the county as a whole.

The birth rate for 1968 was 18.0 compared with 17.4 in 1967. This rate is considerably higher than the rate for England and Wales which was 16.9. Again this emphasises the high rate of young married persons in the "new" population which comes into the Eastern half of the county.

Although 1968 was a difficult year economically the level of employment in the county remained high. During 1968, the average unemployment figures for the county were 3% compared with a figure of 4% for Wales as a whole and 2.4% for Great Britain. As mentioned in previous reports full employment has a tremendous effect in maintaining the well being of the community, both physically and mentally. Full employment also makes it much easier to plan and develop future health and community services in general.

The county has good main services in all except small rural communities and most of these now have electricity and piped water. Water carriage sanitation is being rapidly provided even for these areas and many villages have been sewered in recent years. All urban areas have mains gas and natural gas was introduced in some areas on Deeside in 1968.

It is hoped to start on the new District General Hospital at Bodolwyddan in 1970 and this hospital will serve the greater part of the County and will provide modern hospital facilities in one unit and improve medical facilities for the population. The county is well provided with general practitioners (98). There is, however, an acute shortage of dentists in the county and the position is aggravated by the increase in population in areas already inadequately served. The County Health Department provides a comprehensive range of services, but due to a national shortage of trained staff in certain fields we are unable to provide as comprehensive a service as we would like in these particular spheres.

Table 1 (a)

AREA, POPULATION, ETC.

District	Area in Statutory Acres	Population (By Census).					
	(pre-1934)	1901	1911	1921	1931	1951	1961
Urban -							
Buckley	2034	5780	6333	6726	6899	7699	7659
Connah's Quay	4214	3396	4596	5060	5980	7365	8375
Flint (Mun. Boro).	3435	4625	5472	6298	7655	14257	13707
Holywell	917	2652	2549	3073	3424	8196	8477
Mold	854	4263	4873	4659	5137	6436	6894
Prestatyn	1640	1261	2036	4415	4512	8809	10786
Rhyl	1700	8473	9005	13968	13485	18745	21737
Rural							
Hawarden	31588	15821	20571	24036	26575	34659	36443
Holywell	64519	23999	25328	25933	26709	22324	21636
Maelor	29749	5057	5176	5102	4761	6760	4889
St. Asaph	23057	6158	6766	7347	7752	9858	9479
Total Urban	14794	30450	34864	44199	47092	71507	77635
Total Rural	148913	51035	57841	62418	65797	73601	72447
Whole County	163707	81485	92705	106617	112889	145108	150082

Table 1 (b)

District	Area in Statutory Acres at 1/4/34	Area in Statutory Acres as per 1961 Census 1939	Population (estimated mid-year)						
			1949	1959	1965	1966	1967	1968	
Urban									
Buckley	2646	2638	7345	7622	7690	8320	8530	8880	9360
Connah's Quay	4214	4214	6505	7455	8030	9390	9910	10400	10940
Flint M.B	6243	6802	13020	14160	14300	14070	14150	14290	14460
Holywell	2532	2428	6918	7870	8320	8580	8640	8610	8680
Mold	1164	1175	5880	6354	6680	7490	7590	7730	7900
Prestatyn	3219	2796	7422	8659	9720	12450	12850	13200	13430
Rhyl	1700	1700	16510	18710	19810	21710	21500	21370	21660
Rural									
Hawarden	31576	31576	28750	32450	35520	38620	39440	40230	41280
Holywell	58515	58329	20730	21920	22090	22280	22380	22640	22840
Maelor	29740	29749	4356	6720	4520	4860	4860	4860	4880
St. Asaph	22149	22300	7494	8380	10320	10470	10710	10900	10730
Total Urban	21718	21753	63600	70830	74550	82010	83170	84480	86430
Total Rural	141989	141954	61330	69470	72450	76230	77390	78630	79730
Total County	163707	163707	124930	140300	147000	158240	160560	163110	166160

VITAL STATISTICS - FLINTSHIRE, 1968

Live Births	2,985
Live birth rate per 1,000 population	18.0
Illegitimate births	213
Illegitimate live births per cent of total live births	7.10
Stillbirths	40
Stillbirth rate per 1,000 live and stillbirths	13.0
Total live and stillbirths	3,025
Infant deaths (under 1 year)	51
Infant mortality rate per 1,000 live births - total	17.0
Legitimate infant deaths per 1,000 legitimate live births	16.94
Illegitimate infant deaths per 1,000 illegitimate live births	18.86
Neo-natal mortality rate per 1,000 live births (first four weeks)	12.39
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	10.72
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	24.0
Total Deaths	2,107
Death rate per 1,000 population	12.7
Maternal deaths (including abortion)	-
Maternal mortality rate per 1,000 live and still births	-

FINANCIAL

The product of a penny rate, computed for the County in respect of the year 1968/69 was £30,285.

SOCIAL CONDITIONS

These are discussed elsewhere in the Report.

BIRTHS

During the year under review, 3,025 births were registered as pertaining to the County, that total being made up as follows:-

	Live Births	Still Births	Total
Legitimate	2,773	39	2,812
Illegitimate	212	1	213
	<u>2,985</u>	<u>40</u>	<u>3,025</u>

Compared with 1967, these figures show an increase of 154 live births and a decrease of 3 still births, the total births thus showing an increase of 151.

Of the 2,985 live births, 1,517 were males and 1,468 females.

Of the 40 still births, 20 were males and 20 females.

Further reference will be made to these figures when considering the neo-natal and infant death rates.

The live birth rate per 1,000 population in 1968 was 18.0 which is slightly higher than the rate for England and Wales, namely, 16.9 and higher than the County rate for 1967 which was 17.4.

The still birth rate per 1,000 total (live and still) births was 13.0 as compared with the corresponding rate for England and Wales, which was 14.0.

Illegitimate Births: The number of illegitimate births fluctuate from year to year. The number rose during the war years to a peak of 69.3 per 1,000 total births in 1947. By 1950 the figure had been reduced to the pre-war level of 43.87 per 1,000 total births. The figures for subsequent years are given below:-

1951	39.36	per 1,000 total births
1952	51.52	"
1953	52.85	"
1954	52.07	"
1955	40.00	"
1956	43.64	"
1957	32.05	"
1958	40.42	"
1959	41.98	"
1960	41.92	"
1961	42.96	"
1962	48.09	"
1963	44.14	"
1964	56.95	"
1965	60.74	"
1966	60.48	"
1967	68.19	"
1968	70.41	"

Births in the various County districts - Table 2 (a) shows the births live and still, legitimate and illegitimate, whilst Table 2 (b) shows the birth rates in the County Districts.

Premature births - all babies weighing $5\frac{1}{2}$ lbs. or less at birth are classified as "premature" irrespective of period of gestation. Out of a total of 152 premature births in 1968, 132 were born in hospitals or maternity homes within the National Health Service. 8 of these were still births. Statistics as to the survival of these infants are forwarded to the Ministry of Health by the hospital or home at which the birth occurs. The remaining 20 births occurred at home.

Table 3 shows that of the 20 births at home, 3 were transferred to hospital.

Table 2 (a)
BIRTHS - 1968

DISTRICT	LIVE		STILL		TOTAL	
	Legit	Illegit	Legit	Illegit	Legit	Illegit
Urban -						
Buckley	215	9	4	1	219	10
Connah's Quay	236	12	1	-	237	12
Flint M.B.	261	12	7	-	268	12
Holywell	135	10	3	-	138	10
Mold	125	11	2	-	127	11
Prestatyn	163	15	3	-	166	15
Rhyl	265	44	4	-	269	44
Rural -						
Hawarden	738	57	9	-	747	57
Holywell	380	18	3	-	383	18
Maelor	59	5	-	-	59	5
St. Asaph	196	19	3	-	199	19
Total Urban	1,400	113	24	1	1,424	114
Total Rural	1,373	99	15	-	1,388	99
Whole County	2,773	212	39	1	2,812	213
						3,025

Table 2 (b)
BIRTHS AND BIRTH RATES - 1968
(Live Births, Stillbirths and Total Births)

DISTRICT	Number of Births			Crude rate per 1000 population.			* Adjusted rate per 1000 population			Still-births Rate per 1,000 total births
	Live	Still	Total	Live	Still	Total	Live	Still	Total	
Urban -										
Buckley	224	5	229	23.9	.53	24.46	27.24	.60	27.78	21.83
Connah's Quay	248	1	249	22.7	.09	22.76	23.38	.09	23.44	4.01
Flint M.B.	273	7	280	18.9	.48	19.36	19.47	.49	19.94	25.00
Holywell	145	3	148	16.7	.34	17.05	16.20	.33	16.54	20.27
Mold	136	2	138	17.2	.25	17.46	17.20	.25	17.46	14.49
Prestatyn	178	3	181	13.3	.22	13.47	19.68	.33	19.94	16.57
Rhyl	309	4	313	14.3	.18	14.45	15.87	.19	16.03	12.77
Rural -										
Hawarden	795	9	804	19.3	.21	19.47	19.68	.21	19.85	11.19
Holywell	398	3	401	17.4	.13	17.56	19.14	.14	19.31	7.48
Maelor	64	-	64	13.1	-	13.10	14.54	-	14.55	-
St. Asaph	215	3	218	20.0	.27	23.31	23.00	.31	23.35	13.76
Total Urban	1,513	25	1,538	17.5	.28	17.79	19.42	.31	19.74	16.25
Total Rural	1,472	15	1,487	18.5	.18	18.65	19.79	.19	19.95	10.05
Whole County	2,985	40	3,025	18.0	.24	18.21	19.62	.26	19.84	13.22

* Adjusted by the comparability factor for comparison with other areas.

PREMATURITY

All items in Table 3 refer to notified births after correction for transfers, so it is unnecessary for me to comment on the premature births as the information is fairly presented in the Table.

Table 3
PREMATURE BIRTHS

Number of premature births, i.e., live and still births of 5½ lbs. or less at birth (as adjusted by any notifications transferred in or out of the area).

Weight at Birth	Premature live Births																	Premature stillbirths					
	Born in Hospital				Born at home or in a nursing home																		
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day														
	Died				Total births				Died				Total births						Died		Born		
	Within 24 hours of birth	In 7 days and under	In 28 days	(1)	(2)	(3)	(4)	(5)	Within 24 hours of birth	In 7 days and under	In 28 days	(6)	(7)	(8)	(9)	Within 24 hours of births	In 7 days and under		In 28 days	(10)	(11)	(12)	(13)
1) 2 lb 3 oz or less	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2) Over 2 lb 3 oz up to and including 3 lb 4 oz	10	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3) Over 3 lb 4 oz up to and including 4 lb 6 oz	31	2	1	-	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	4	-
4) Over 4 lb 6 oz up to and including 4 lb 15 oz	19	1	-	-	2	-	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-	1	1
5) Over 4 lb 15 oz up to and including 5 lb 8 oz	61	-	-	-	13	-	-	13	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
6) TOTAL	124	9	1	-	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	1

1=1,000g. or less; 2=1,001 - 1,500g; 3=1,501 - 2,000g; 4=2,001 - 2,250g; 5=2,251 - 2,500g

Table 4
DEATHS (GENERAL) 1968
Summary of Causes

Cause of Death	Males	Females	Total	Percentage of Total Deaths
Enteritis and Other Diarrhoeal Diseases	-	1	1	.05
Tuberculosis - respiratory	3	-	3	.14
- other	5	3	8	.38
Other Infective and Parasitic Diseases	2	1	3	.14
Malignant Neoplasm - Stomach	27	19	46	2.18
- Lung, Bronchus	68	17	85	4.03
- Breast	1	30	31	1.47
- Uterus	-	12	12	.57
Leukaemia	6	5	11	.52
Other Malignant Neoplasms	91	98	189	8.97
Benign and Unspecified Neoplasms	6	4	10	.47
Diabetes Mellitus	5	5	10	.47
Other Endocrine etc. Diseases	5	6	11	.52
Anaemias	3	3	6	.28
Other Diseases of Blood etc.	-	1	1	.05
Other Diseases of Nervous System etc.	18	9	27	1.28
Active Rheumatic Fever	1	-	1	.05
Chronic Rheumatic Heart Disease	8	22	30	1.42
Hypertensive Disease	24	33	57	2.70
Ischaemic Heart Disease	293	209	502	23.82
Other Forms of Heart Disease	51	78	129	6.12
Cerebrovascular Disease	132	238	370	17.56
Other Diseases of Circulatory System	20	38	58	2.75
Influenza	10	10	20	.95
Pneumonia	58	64	122	5.79
Bronchitis and Emphysema	71	19	90	4.27
Asthma	1	1	2	.09
Other Diseases of Respiratory System	13	12	25	1.19
Peptic Ulcer	16	5	21	.99
Appendicitis	1	-	1	.05
Intestinal Obstruction and Hernia	7	4	11	.52
Cirrhosis of Liver	7	-	7	.33
Other Diseases of Digestive System	3	14	17	.81
Nephritis and Nephrosis	4	8	12	.57
Hyperplasia of Prostate	9	-	9	.43
Other Diseases, Genito-Urinary System	3	10	13	.62
Diseases of Musculo-Skeletal System	5	5	10	.47
Congenital Anomalies	11	14	25	1.19
Birth Injury, Difficult Labour, etc.	5	4	9	.43
Other Causes of Perinatal Mortality	9	7	16	.76
Symptoms and Ill-Defined Conditions	10	8	18	.85
Motor Vehicle Accidents	24	4	28	1.33
All Other Accidents	18	21	39	1.85
Suicide and Self-Inflicted Injuries	3	5	8	.38
All Other External Causes	1	2	3	.14
TOTALS	1058	1049	2107	-

DEATHS FROM MALIGNANT DISEASES

Table 5 shows the deaths due to malignant diseases (cancer) and the rate per 1,000 of the population for each district.

The total deaths from cancer in 1968 fell to 374 from 376 in 1967. Many of these deaths are conditions of the aged, but the disturbing fact still remains that much could be done to prevent some of these deaths particularly deaths due to cancer of the lung, breast, uterus, and to a lesser extent the stomach. We know that cancer of the lung can be prevented by cutting out cigarette smoking and the other cancers referred to can be detected early and as such treated with very good results.

There was a slight decrease during the year in deaths due to cancer of the stomach, the total being 46, compared with 52 in 1967. Deaths due to cancer of the stomach are still higher in Wales and the differential has been maintained in the total figure for 1968.

Deaths due to cancer of the lung and bronchus showed a slight fall in 1968 - 85 compared with 98 in 1967. It is disturbing to see the rapid increase in deaths due to lung cancer in women in recent years and this increase occurred again in 1968. There was a small drop in deaths from cancer of the breast and uterus - 43 in 1968, compared with 45 in 1967. The high rate of deaths due to cancer of the breast is a sad commentary on our preventive services, particularly as this can be detected in the early stages by the patient and recovery after treatment in the early stages is so good. In a recent survey in the U.S.A. over 96% of patients with early breast cancer who had undergone operative treatment were alive and well five years later.

Deaths due to other forms of cancer as a group increased by 19 to a total of 189. This large group includes cancer of nearly every part of the body and the big total reminds us of the fact that cancer can attack virtually any part of the body and cause a large number of deaths each year.

From Table 5(a) it will be seen that of a total of 374 deaths due to cancer in 1968, 113 occurred between the ages of 65 and 75. However, 133 occurred under the age of 65 and many of these were due to conditions which could have been prevented (lung cancer) or detected in their early states (uterus and breast).

Much has been achieved in recent years in the early detection of various forms of cancer, when treatment is often effective and death can be prevented or delayed for many years. More screening techniques for early detection are being gradually introduced but the public must also co-operate in seeking medical advice when early symptoms or signs appear. Every woman knows, or should know, that it is essential to seek advice if she develops a lump in the breast or has irregular bleeding particularly at the end of the childbearing period. In the same way, every adult in this country has heard of the connection between heavy cigarette smoking and lung cancer.

Table 5
DEATHS FROM MALIGNANT DISEASES IN
THE VARIOUS COUNTY DISTRICTS

District and Population	Sex	Stomach	Lung, Bronchus	Breast	Uterus	Other	Leukaemia	Total	Rate per 1000 Population
Buckley U.D(9,360)	M	-	5	-	-	4	-	9)	2.13
	F	1	2	2	-	6	-	11)	
Connah's Quay U.D. (10,940)	M	2	3	-	-	7	-	12)	1.82
	F	1	-	1	2	3	1	8)	
Flint M.B (14,460)	M	4	5	-	-	9	-	18)	2.14
	F	2	1	5	-	5	-	13)	
Holywell U.D (8,680)	M	1	4	-	-	1	-	6)	1.49
	F	-	1	2	1	3	-	7)	
Hold U.D.(7,900)	M	2	2	-	-	3	-	7)	1.89
	F	-	-	1	1	6	-	8)	
Prestatyn U.D (13,430)	M	4	7	-	-	3	1	15)	2.15
	F	2	4	2	1	13	2	24)	
Rhyl U.D (21,660)	M	3	9	-	-	16	1	29)	2.86
	F	4	3	6	-	20	-	33)	
Shawarden R.D (41,280)	M	7	15	-	-	27	2	51)	2.03
	F	4	3	5	3	17	1	33)	
Holywell R.D(22,840)	M	2	13	1	-	10	1	27)	2.32
	F	4	1	3	2	15	1	26)	
Maelor R.D (4,880)	M	1	3	-	-	2	-	6)	1.63
	F	-	-	1	-	1	-	2)	
St. Asaph R.D(10,730)	M	1	2	-	-	9	1	13)	2.70
	F	1	2	2	2	9	-	16)	
Total Urban(80,420)	M	16	35	-	-	43	2	96)	2.31
	F	10	11	19	5	56	3	104)	
Total Rural (79,730)	M	11	33	1	-	48	4	97)	2.18
	F	9	6	11	7	42	2	77)	
Whole County (166,150)	M	27	68	1	-	91	6	193)	2.25
	F	19	17	30	12	98	5	181)	
Total (M and F)		46	85	31	12	189	11	374	-

Table 5 (a)

**AGES OF DEATHS FROM MALIGNANT DISEASES AND HEART
AND CIRCULATORY DISEASES**

Disease	Sex	AGE GROUPS										Total
		0 -	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75	
Tuberculosis:												
Respiratory	M	-	-	-	-	-	-	-	1	1	1	3
"	F	-	-	-	-	-	-	-	-	-	-	-
Other	M	-	-	-	1	-	-	-	2	-	2	5
"	F	-	-	-	-	-	-	-	-	1	2	3
Totals		-	-	-	1	-	-	-	3	2	5	11
Malignant Diseases:												
Stomach	M	-	-	-	-	-	-	2	5	10	10	27
"	F	-	-	-	-	-	-	1	4	3	11	19
Lung Bronchus	M	-	-	-	-	-	3	6	21	24	14	68
"	F	-	-	-	-	-	1	1	7	5	3	17
Breast	M	-	-	-	-	-	-	-	-	1	-	1
"	F	-	-	-	-	-	3	8	4	10	5	30
Uterus	F	-	-	-	-	-	2	-	3	1	6	12
Other	M	-	-	-	-	-	1	10	18	30	32	91
"	F	-	-	-	1	-	5	2	19	27	44	98
Leukaemia	M	-	-	1	-	-	-	1	2	1	1	6
"	F	-	1	-	-	-	-	-	1	1	2	5
Totals		-	1	1	1	-	15	31	84	113	128	374
Heart and Circulation:												
Cerebrovascular Dis	M	-	-	-	-	-	2	4	19	43	64	132
"	F	-	-	-	1	-	2	9	16	58	152	238
Ischaemic Heart Dis	M	-	-	-	-	-	6	20	76	108	83	293
"	F	-	-	-	-	-	2	4	18	55	130	209
Hypertensive Disease	M	-	-	-	-	1	-	-	9	5	9	24
"	F	-	-	-	-	-	1	3	5	9	15	33
Chronic Rheumatic	M	-	-	-	-	-	-	1	2	2	3	8
Heart Disease	F	-	-	-	-	-	-	1	5	7	9	22
Other Forms of	M	-	-	-	-	1	-	1	7	8	34	51
Heart Disease	F	-	-	-	-	-	-	-	2	15	61	78
Other Diseases of	M	-	-	-	-	-	-	-	3	7	10	20
Circulatory System	F	-	-	-	-	-	-	-	4	5	29	38
TOTALS		-	-	-	1	2	13	43	166	322	599	1146

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE

During the year 1968 deaths attributable to infectious disease were as follows:-

Diphtheria	-
Whooping Cough	-
Meningococcal Infections	-
Acute Poliomyelitis	-
Measles	-
Other infective and Parasitic Diseases	3
Influenza	20
Pneumonia	122
Bronchitis	90
Gastritis, Enteritis and Diarrhoea	1

It will be noted that there were no deaths during 1968 from the major infectious conditions - which is a remarkable testimony if such were needed to the effectiveness of our vaccination and immunisation campaigns.

Infectious diseases have ceased to be major killing diseases of infants and young persons and this position can be maintained if the public will make full use of the protective vaccines now available to prevent them. Influenza, pneumonia and bronchitis deaths are mainly terminal conditions in the elderly and not true "primary" infectious diseases like polio or meningitis.

Facilities for the treatment of infectious illness in hospital are still available at Isolation Hospitals at Colwyn Bay, Clatterbridge and Wrexham. Beds for suspected smallpox cases are available in the Liverpool area and these serve the whole of North Wales and Merseyside.

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS - During the year 51 infants died before attaining the age of twelve months, and of these 28 were males and 23 females, whilst 47 were legitimate and 4 were illegitimate.

The infant mortality rate (deaths per 1,000 live births) is therefore 17.0, which is lower than the rate for England and Wales, namely, 18.0.

The causes of death of the 51 infants are given in Table 6. In the present state of our knowledge little can be done to reduce the number of deaths due to congenital malformations,

It should be noted that of the 51 deaths in the first year of life, 32 had died in the first week of life (early neo-natal deaths) and at the end of four weeks after birth the total deaths was 37 (neo-natal deaths). It will be noted that the majority of deaths occur in the first week of life and, indeed, in the first 48 hours of life. This position is explained by the developments in ante-natal care and paediatrics, which results in fewer miscarriages and still births, and means that more premature and other "weakly" babies are born alive - but fail to survive more than a few hours or days.

The present position will continue until more is known about the causes of prematurity and congenital deformity.

The prospects for the full-term healthy baby are better than ever - only 14 babies died in the last 11 months of their first year.

During the year we continued to notify all infants born with any form of congenital deformity to the Ministry of Health on special forms supplied. The purpose of this scheme is to enable the Ministry of Health to get accurate information about the nature and number of deformities occurring. Should there be any significant change in the number of any particular deformity immediate action can be taken to investigate this.

Table 6
INFANTILE DEATHS, 1968
(Under one year of age)

District	Males			Females			Infants
	Legit	Illegit	Total	Legit	Illegit	Total	Legit and Illegit
Urban:							
Buckley	3	-	3	1	-	1	4
Connah's Quay	1	1	2	3	-	3	5
Flint M.B.	4	-	4	2	-	2	6
Holywell	1	-	1	-	-	-	1
Mold	1	-	1	-	-	-	1
Prestatyn	-	-	-	1	-	1	1
Rhyl	-	-	-	2	-	2	2
Rural:							
Hawarden	8	-	8	7	-	7	15
Holywell	6	-	6	3	1	4	10
Maelor	2	1	3	-	-	-	3
St. Asaph	-	-	-	2	1	3	3
Total Urban	10	1	11	9	-	9	20
Total Rural	16	1	17	12	2	14	31
Whole County	26	2	28	21	2	23	51

The causes of death were:	<u>Males</u>	<u>Females</u>	<u>Total</u>
Accidents	1	2	3
Birth Injury, Difficult Labour etc.	5	4	9
Congenital Abnormalities	7	7	14
Enteritis and Other Diarrhoeal Diseases	-	1	1
Intestinal Obstruction and Hernia	2	-	2
Other Endocrine etc. Diseases	1	1	2
Other Causes of Perinatal Mortality	9	7	16
Pneumonia	2	1	3
Other Diseases of Respiratory System	1	-	1
	<u>28</u>	<u>23</u>	<u>51</u>

TABLE 6 (a)

NEO-NATAL DEATHS 1968

(Under 4 weeks of age)

District	Males			Females			Infants
	Legit	Illegit	Total	Legit	Illegit	Total	Legit and Illegit
Urban:							
Buckley	2	-	2	1	-	1	3
Connah's Quay	1	1	2	2	-	2	4
Flint M.B.	3	-	3	2	-	2	5
Holywell	-	-	-	-	-	-	-
Mold	1	-	1	-	-	-	1
Prestatyn	-	-	-	1	-	1	1
Rhyl	-	-	-	1	-	1	1
Rural:							
Hawarden	7	-	7	4	-	4	11
Holywell	5	-	5	1	-	1	6
Maelor	2	-	2	-	-	-	2
St. Asaph	-	-	-	2	1	3	3
Total Urban	7	1	8	7	-	7	15
Total Rural	14	-	14	7	1	8	22
Whole County	21	1	22	14	1	15	37

Table 6 (b)
 INFANT DEATHS, 1968
 (Infants under one week of age)

District	Males			Females			Infants
	Legit	Illegit	Total	Legit	Illegit	Total	Legit and Illegit
Urban:-							
Buckley	1	-	1	1	-	1	2
Connah's Quay	1	1	2	2	-	2	4
Flint M.B.	3	-	3	2	-	2	5
Holywell	-	-	-	-	-	-	-
Mold	1	-	1	-	-	-	1
Prestatyn	-	-	-	1	-	1	1
Rhyl	-	-	-	1	-	1	1
Rural:-							
Hawarden	3	-	3	4	-	4	7
Holywell	5	-	5	1	-	1	6
Maelor	2	-	2	-	-	-	2
St. Asaph	-	-	-	2	1	3	3
Total Urban	6	1	7	7	-	7	14
Total Rural	10	-	10	7	1	8	18
Whole County	16	1	17	14	1	15	32

MATERNAL MORTALITY - There were no deaths attributable to pregnancy, childbirth or abortion. Whenever a maternal death occurs, the Medical Officer of Health has to obtain a confidential report from the Midwife, General Medical Practitioner, Hospital and Consultant Obstetrician giving complete details as to ante-natal care, treatment during confinement, and post-natal care. This information is then forwarded to a Regional Assessor (Professor Jeffcoate of Liverpool), who may ask for further information, or, if satisfied with that already provided, forward the report to the Ministry of Health.

The whole object of this work is to try and improve the Midwifery Service provided in the County both in hospital and at the patient's home. Careful inquiries into the causes of maternal deaths give valuable information and enable steps to be taken to improve still further a service which has a very high standard.

There has been a steady fall over the years in maternal deaths in the County indicating a very satisfactory standard of hospital and domiciliary midwifery.

DEATHS IN THE VARIOUS COUNTY DISTRICTS - Table 7 shows the total number of deaths of males and females in the County Districts, and the crude and adjusted mortality rates for those Districts.

Table 7

DEATHS IN THE SEVERAL DISTRICTS
(All Ages - All Causes)

DISTRICT	Males	Females	Total	Crude rate per 1, 000 population	*Rate adjusted per 1, 000 population
Urban -					
Buckley	51	49	100	10.7	13.05
Connah's Quay	46	42	88	8.0	13.52
Flint (M.B.)	79	73	152	10.5	13.02
Holywell	56	53	109	12.6	8.19
Mold	61	46	107	13.5	16.33
Prestatyn	121	144	265	19.7	10.44
Rhyl	177	177	354	16.3	12.38
Rural -					
Hawarden	228	215	443	10.7	11.98
Holywell	153	137	290	12.7	11.93
Maelor	31	25	56	11.5	11.50
St. Asaph	55	88	143	13.3	11.70
Total Urban	591	584	1175	13.6	11.69
Total Rural	467	465	932	11.7	11.81
Whole County	1058	1049	2107	12.7	11.81

* Adjusted by comparability factor for purpose of comparison with other areas.

The following information is extracted from the statistics supplied by the Registrar General:-

Urban Districts

	Males	Females	Total
Deaths in age groups 45-64	138	83	221
Deaths in age groups 65 and over	409	469	878
TOTALS	547	552	1099

Rural Districts

	Males	Females	Total
Deaths in age groups 45-64	135	70	205
Deaths in age groups 65 and over	295	361	656
TOTALS	430	431	861

Section B

HEALTH SERVICES PROVIDED IN THE COUNTY

ADMINISTRATION

The County Medical Officer is responsible to the Health Committee for the control, supervision and co-ordination of all services provided under the Nation Health Service Acts, and parts of the National Assistance Act and Public Health Act.

The Health Department is administered centrally from Mold there being no divisional administration. Day to day administration of certain services however is carried out from three sub-centres based at Rhyl, Connah's Quay and Mold. At these centres a person is on duty all day who will deal with requests by callers and on the phone and either arrange to provide a service or pass the request to the person responsible for this service, e.g. the senior nurse for the area or county nursing officer. Hospitals, doctors and other workers also use these centres and they have proved valuable to all concerned and are much appreciated by the public in the areas served. The Rhyl Sub-Centre has an Assistant Home Help Organiser based there and day to day administration of the Home Helps in the Western area is carried out from Rhyl.

We continued during the year to make use of the County Ambulance Headquarters for handling all calls for health department services outside office hours, nursing, home help, mental welfare officers, medical problems etc. A rota of staff on duty being made available to

the Ambulance Headquarters weekly. As the Ambulance Headquarters is open every day and all night, one call will ensure that the person needed is contacted and can then deal with the problem or contact the caller if necessary. This service has proved so effective in providing one telephone number for all calls outside office hours that the facility has been made available to the Children's Department and the Welfare Department.

In addition to the Health Committee which meets quarterly, there are three Area Health Sub-Committees. On all these Committees, in addition to County Council members, there are representatives of District Councils, statutory bodies and voluntary organisations. There is also a Health (General Purposes) Sub-Committee (which now incorporates the Ambulance Service) and urgent matters requiring attention between meetings of the Health Committee are referred to this Sub-Committee.

The County Medical Officer advises the Children's Department and the Welfare Department on all medical matters affecting their work.

The Health Department also carries out medical examination of all employees on initial employment and subsequently after illness of over four weeks in certain cases where the medical evidence for continued absence is inadequate or the employee has had frequent absences in the past.

The practice of examining employees off work for long periods is operated as a modified form of an Industrial Health Service and in this way we work closely with General Practitioners and Hospital Staff. Very often we are able to help employees to obtain health services as well as checking their continued absences from work.

With the withdrawal of the semi-static mass x-ray service it became more difficult to arrange a chest x-ray examination of all new employees, which had been our policy for years. We made arrangements for chest x-ray examinations with the consultant radiologists at Rhyl and Wrexham but only insisted on routine examinations of staff coming into close and regular contact with children, e.g. teachers, nurses, social workers, etc. In other cases, e.g. manual workers, clerical staff, technical staff, etc., we arrange a chest x-ray only if the applicants give a history of chest illness. The new arrangements have worked very well during the year and will be continued in the future.

With the establishment of the Gwynedd Police Force the Flintshire Police Force ceased to exist as a separate entity. All medical work for the Gwynedd Force is carried out by a Police Surgeon based at

Caernarvon. A certain amount of medical work for the increasing number of civilian staff in the police force is undertaken by the County Health Department.

Medical examinations and other medical work for the Fire Service continue to be carried out by the department's medical staff. The County Medical Officer and his staff also carry out work for the Road Fund Licensing Committee. The work entails the medical examination of persons who apply for Driving Licences where there is some doubt as to their fitness to hold full licences. Often, in addition to medical examinations, this work entails the obtaining of reports from Consultants and from Hospitals. Each case referred to the Department entails a considerable amount of work, as most of the applicants have a right to appeal against decisions and therefore it is necessary for all investigations which may be desirable in coming to a decision as to fitness to drive, to be carried out before a final recommendation is made to the Road Fund Committee.

Voluntary Organisations: Flintshire is fortunate in having several active Voluntary Organisations which render valuable service to the public and help the Health Department in carrying out its duties. I would again like to thank the Child Welfare Voluntary Committees for their valuable and loyal service during the year. Many of the Committees have given items to the Clinics which they are concerned with, or money to purchase various additional items of equipment for the Clinics. The Committees also help individual mothers in need and made available at reduced cost fireguards for use in homes with small children.

During the year the Flintshire Branch of the National Society for Mentally Handicapped Children continued to give valuable service for those attending the Junior Training Centre at Tirionfa, those attending the Adult Training Centre at Greenfield and parents of mentally handicapped children at home.

The County Medical Officer administers two funds to which money is contributed by individuals and various Voluntary Organisations, one fund is to help the physically handicapped and the other to help mentally disordered - both subnormal and the mentally ill.

During the year Mr. Guy was appointed as Liaison Officer to help make better and fuller use of voluntary effort in the county, both by organisations and individuals. Meetings of all voluntary organisations were held in early 1968, and officers concerned with social services attended with Mr. Guy and outlined the kind of help voluntary organisations could give, and the ways the county departments could help the voluntary bodies with training and support when additional skilled help was necessary. Working together both the statutory bodies and the

voluntary organisations can give a much better service to the community than working separately with only occasional contact over some specific issue.

I would like, in particular, to pay tribute to the work done by the Marriage Guidance Council during 1968, the Women's Voluntary Service, the British Red Cross Society, St. John's Ambulance Brigade and the St. Asaph Diocesan Moral Welfare Association.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

Expectant and Nursing Mothers - During the year, the "combined" Ante-Natal Clinics, established at Connah's Quay, Holywell, Mold, and Rhyl, continued to function.

It is pleasing to record that attendance at these ante-natal clinics has shown a marked increase in the past few years and that the clinics are used by general practitioners for screening mothers for selection of hospital cases and for consultation when any abnormalities occur.

Attendances at Ante-Natal Clinics continued at a very high level in 1968 and a total of 1700 new mothers were seen who made 6668 attendances and this excluded 195 post-natal attendances. For the convenience of mothers an appointment system is now in use at all clinics. The basis of this is that new cases attend at the commencement of the session mainly by appointment (some come without appointment being referred by their general practitioner at short notice because of suspected obstetric abnormality). Mothers attending as subsequent cases come later in the session, all by appointment arranged at the prior clinic.

Facilities are available at these combined clinics for full ante-natal examination and all usual investigations are carried out. There are adequate facilities for the mothers to be interviewed privately, to undress and for waiting prior to seeing the doctor. Blood samples are taken from each mother for Rh. factor, grouping and haemoglobin. At each visit to the clinic urine is tested, blood pressure taken and the patient weighed. Further investigations such as chest x-ray, etc., are arranged if found necessary at routine ante-natal examination.

Post-natal examinations are also carried out at ante-natal clinics and it will be seen that 181 mothers attended for post-natal examinations during the year. This is not the total who had post-natal examinations carried out as many were done by General Practitioners as part of their obstetric care of their patients and these figures are not included in the above total.

Mothercraft clinics continued to be held at various centres in the county during the year. These clinics are educational clinics for mothers and are attended by midwives and health visitors. The clinics are particularly helpful to women expecting their first baby and are open to mothers having home or hospital confinement.

I would like to thank Mr. Parry-Jones, Mr. Whitehouse and Mr. Humphreys, the Consultant Obstetricians and Gynaecologists for the Clwyd and Deeside Hospital Management Committee and Wrexham, Powys and Mawddach Hospital Management Committee areas, for their help and co-operation during the year in providing very excellent consultant ante-natal cover for the whole County.

Attendances at ante-natal clinics have been well maintained during the year, and Table 8 gives the figures for 1968 in this respect.

The Family Planning Clinics at Flint, Mold, Prestatyn and Rhyl operated by The Family Planning Association continued to function during the year. The Clinics are held weekly, numbers of new patients and attendances are given below:-

<u>Clinic</u>	<u>No. of Sessions held</u>	<u>No. of patients</u>
Flint	51	346
Mold	42	309
Prestatyn	50	205
Rhyl	50	351

Very hard working bodies of voluntary helpers run the above clinics and they are also attended by a doctor and nurse, both trained by the Family Planning Association. Valuable help and advice is given at the clinics also to women with problems of sub-fertility or marital difficulties and advice is given also to young persons before marriage.

Cervical Cytology:

Cervical smears are now examined at the Pathology Laboratories at Rhyl, Chester and Wrexham, where specially trained staff examine the smears. Women 35 years of age and over can have cervical smears taken at Health Department Clinics held in the evening at Rhyl and Connah's Quay, or by their own General Practitioners. Cervical smears are also taken on request at Family Planning Clinics.

Smears taken during 1968:-

<u>Local Health Authority</u>	<u>General Practitioner</u>	<u>Family Planning Association</u>	<u>Total</u>
583	595	677	1855

Of these 9 were positive and were referred to a Consultant Obstetrician for further investigation and treatment. All cases referred for further investigation did, in fact, attend and accepted the treatment recommended. A certain number of smears are reported as doubtful or suspicious and these patients attend for a further smear a month or two later.

A great deal more smears could be examined at the Laboratories but we find it still difficult to persuade women to come forward for the examination although considerable publicity has been given to this new service.

Maternity outfits are provided on request to all expectant mothers having a domiciliary confinement. Stocks are held at the Health Department, clinics, and the homes of midwives. During 1968, 202 outfits were issued compared with 212 in 1967.

Table 8

ANTE-NATAL CLINICS, 1968

	Holywell	Connah's Quay	Mold	Rhyl	Totals
A - ANTE-NATAL CASES					
1. Number of sessions (i.e., number of times Clinic opened during the year) when:-					
(a) A Medical Officer was in attendance	-	-	-	-	-
(b) A Midwife was in attendance	-	-	10	-	10
(c) A General Practitioner employed by Local Health Authority on a sessional basis was in attendance	-	-	-	-	-
(d) Hospital Medical Staff in attendance	51	48	40	49	188
(e) Total sessions	51	48	50	49	198
2. Number of patients attending for the first time this year.	418	388	214	680	1700
3. Total attendances	1902	1583	1269	1914	6668
B - POST-NATAL CASES					
1. Number of sessions (i.e., number of times Clinic opened during the year) when:-					
(a) A Medical Officer was in attendance	-	-	-	-	-
(b) A Midwife was in attendance	-	-	-	-	-
(c) A General Practitioner employed by Local Health Authority on a sessional basis was in attendance	-	-	-	-	-
(d) Hospital Medical Staff in attendance	27	7	40	18	92
(e) Total sessions	27	7	40	18	92
2. Number of patients attending for the first time this year	31	7	117	26	181
3. Total attendances	32	8	129	26	195

NOTE:- Clinics are combined with the Hospital Consultant Clinics.

Table 9

MOTHER AND BABY HOMES (Homes or Hostels for unmarried mothers and their babies)

Name and Address of Home or Hostel	Number of Beds				Number of admissions (ignoring re-admissions after confinement) during the year (6)	Number of admissions in Col.(6) for which the authority was responsible. (7)	Average length of stay	
	Total beds (excl. mat. and lab and cots)	Mat.(excl. lab. and isolation)	Labour beds	Cots			Ante-natal	*Post-natal
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(a) Provided by the Authority:- Bersham Hall - used jointly by the North Wales Counties of Anglesey, Caernarvon, Denbigh, Flint, Merioneth and Montgomery, and administered by the C.M.O. Denbighshire.	18	-	-	12	56 (i.e. Total admissions from all Authorities)	25 (Flintshire Cases)	34 days	22 days
(b) Provided or used by Voluntary Organisations with which the Authority make arrangements under Sec.22(1) or to which the Authority make payment under Sec.22(5)	-	-	-	-	-	-	-	-
(c) Number of cases sent by the Authority during the year to homes other than those mentioned in (a) and (b) above, payment being made on an "ad hoc" basis:-								
(1) Expectant Mothers 2								
(2) Post-Natal Cases -								

*Exclusive of the lying-in-period.

Child Welfare: With the reduction in infant deaths and the improvement in child management by the majority of parents, the pattern of the child welfare service provided by the department has gradually changed in the last few years. The aim now is to provide more intensive help to a smaller number of families where there are children with physical, mental or emotional problems. This does not mean that help is not available to the mother with a healthy child who wants advice or support - these mothers are told where a health visitor can be contacted in their area at any time.

All babies are visited in the first week or two after birth by a health visitor and an outline of the services available given to the mother. The mother is advised to bring the baby to the clinic for a full examination before reaching 12 weeks of age and if no abnormality is found there is no need to attend again until the baby is six months old unless the mother wants advice. Routine examinations are subsequently carried out on each birthday until the child is five years of age and enters school.

During the examinations certain developmental tests are carried out and recorded at each visit. Children found to have any abnormality are assessed in consultation with the general practitioner by a paediatrician and followed up at regular intervals. An important aspect of this work is giving support and advice to the parents on the management and care of the child.

As mentioned in previous reports some General Practitioners conduct their own infant welfare clinics for their own patients and we have General Practitioners also conducting clinics for this authority on a sessional basis. It is our policy to offer every help to the General Practitioners who do their own infant clinics by allowing health visitors and nurses to attend and assist in this work. This practise by General Practitioners is encouraged and will probably increase in the coming years with greater integration of community health services. We help in this work also by arranging for detailed assessment and follow up of children referred to us by the General Practitioners who require detailed investigation, a procedure which is often time-consuming and spread over a period of time and may involve several hospital and other investigations.

As in previous years, a considerable proportion of the immunisation and vaccination of infants in the County is carried out at Child Welfare Clinics. It is estimated that a little over 50% of all immunisation and vaccination done in the County is carried out at Clinics, the remainder being carried out by General Practitioners in their own surgeries.

With the employment of more Clinic Nurses at Child Welfare Clinics throughout the County, Health Visitors have more time to carry out valuable health education work at Clinics. The extra time available to Health Visitors for this work is very much appreciated and serves a very useful purpose at all the main Centres.

At two Centres in the County a Consultant Paediatrician attends to deal with babies referred to her by General Practitioners or Clinic Doctors, whose advice and help is required which may not necessitate special investigation or hospital admission.

In addition to static Clinics, the Authority also operates a Mobile Clinic at seven Centres in the rural parts of the County. The Mobile Clinic attends each location every two weeks, and a Doctor and Health Visitor attend each time. The Mobile Clinic is an all-purpose Clinic, and undertakes all forms of work at each visit. Infant work, school-children, immunisation, ante-natal examinations and medical examinations of employees.

Before erecting any new clinic in the county all general practitioners in the area are approached to ascertain if they are interested in practice premises in the area - so that a Health centre could be erected. During the year all doctors in St. Asaph were interested in joint use of premises with the health department and it is planned to build on to the present building and convert it into a health centre early in 1969. This will be the first health centre in the county and it is hoped to gain valuable experience from this project for other health centres which may be requested later in other parts of the county. It is felt that rapidly developing areas of the county without clinic facilities or general practitioners' surgeries should be considered first as possible areas for the establishment of health centres and general practitioners in these areas are being approached to ascertain their views.

At the end of the year the number of Mothers' Clubs established had increased to seventeen. Clinic premises were made available to mothers to meet once a week and to bring with them their toddlers.

A recent innovation which may well have a beneficial effect on child development and improve the level of child care in general has been the introduction of Pre-School Play Groups in various parts of the county and the health department has helped in every way to foster them and in some places they meet in the County clinics.

Pre-School Play Groups cater specially for children between three to five years of age and are designed to enable children to take part in constructive play and to encourage them to mix and participate in activities with other children. These groups are run by the mothers and, in the absence of nursery schools, play an important part in fostering

the healthy development of young children. At the end of the year 24 Pre-School Play Groups had been established.

The Child Welfare Services continue to form an integral part of the National Health Service, meeting a need in providing help and advice to mothers on the care and management of babies and toddlers, and working closely with General Practitioners and Hospital Staff.

Care of Premature Infants: During the year under review the number of premature live births which occurred at home or in a nursing home was 19.

Of the 20 births at home and in nursing homes 17 were nursed entirely at home and 3 were transferred to hospital. Seven of those who were born at home and who were transferred to hospital survived 28 days. There is no special domiciliary provision for premature live births, but liaison with the City Hospital, Chester, H.M. Stanley Hospital, St. Asaph, and the Maelor General Hospital, Wrexham, has always been good, and admission of cases readily obtained.

The Maternity Departments at the above three Hospitals have premature baby nurseries with specially trained staff. Premature babies born on the district are transferred into these Units in special incubators which are picked up at the Hospitals and conveyed in the County ambulances to the Home, and then the baby is transferred to the Unit accompanied by a nurse from the premature baby nursery.

Premature babies born in Hospital or on a district and later transferred to Hospital are not discharged home until a report on the home conditions has been sent to the Hospital by the Health Visitor for the area concerned. This report on the home conditions serves two purposes:-

1. To make sure that the home is suitable for the discharge of the baby; and
2. To inform the Health Visitor when the baby is being discharged so that adequate follow-up and advice can be given during the crucial first days or weeks that a premature baby is being cared for at home, and this is particularly important during the colder months of the year.

Supply of Dried Milk, etc: At each Centre members of the Voluntary Committee arrange for the purchase and sale of certain proprietary dried milk and other foods.

A meeting is held each year with representatives of all the voluntary workers from the various Clinics to discuss with them the range of foods to be kept at Centres and to be made available for infants and expectant mothers. The range of foods kept at Welfare Centres have been extended to include special foods for the aged, particularly foods that will help maintain health where diet is inadequate. All foods sold at Welfare Centres are sold at special Welfare Centre rates and many of them are packed in special Welfare containers. A request is also made to voluntary workers at Centres not to keep a bigger range of products than is asked for by mothers of infants, expectant mothers or likely to be requested by old people. In this way competition with chemists and other stores is avoided.

DAILY MINDERS AND REGISTERED NURSERIES 1968

	Nurseries and Child Minders Regulation Act, 1948			National Health Service Act, 1946, Section 22
	Premises Registered at end of year		Daily Minders Registered at end of year.	Daily Minders receiving fees from the Authority at end of year.
	Factory (1)	Other Nurseries (2)		
Number	-	2	3	-
Number of Places-(Cols. (1) and (2)) and number of children minded at end of year (Col. (4))	-	55	10	-

Table 10 (a)

CHILD WELFARE CLINICS

Year:	1961	1962	1963	1964	1965	1966	1967	1968
Number of Registered Live Births	2715	2653	2781	3007	2929	2767	2831	2985
Children who attended during the year and who, at the end of the year, were:-								
(a) Under 1 year of age	1864	1844	1871	2045	2199	1983	2100	2331
(b) Between 1 - 5 years	2527	3165	2894	3080	2950	3521	3357	2994
Total Attendances	34056	33623	32556	38947	42378	41875	42752	43846

Table 10 (b)

CHILD WELFARE CENTRES 1968

(see also Table 10 (c) for Centres held in Mobile Clinic)

	Bagillt	Bodelwyddan	Broughton	Buckley	Caerwraile	Caernys	Connah's Quay	Flint	Greenfield	Holywell	Leaswood	Manor	Moel	Neath	Myndda Iwan	Pentref	Prestatyn	Rhyl (Fordillas)	Rhyl (Mercer House)	Salisbury	Sealand	Shotton	St. Asaph	T. Llaeth
1. Number of Sessions held by:-																								
(a) Medical Officers	24	24	22	23	23	-	23	25	23	23	12	23	24	23	11	-	23	24	24	22	24	24	24	408
(b) Health Visitors (without Doctor)	26	-	28	27	28	23	26	24	28	28	10	28	26	-	12	-	28	27	24	28	26	27	474	
(c) General Practitioners employed by Local Health Authority on sessional basis																22							22	
(d) Hospital Medical Staff	50	24	50	50	51	23	49	49	51	51	22	51	50	23	23	22	51	51	48	50	50	51	24	964
(e) Total Sessions																								
2. Number of infants who attended and who were born:-																								
(a) 1968	58	28	95	202	72	9	268	172	68	89	47	107	172	33	30	27	112	105	91	56	86	156	62	2144
(b) 1967	55	64	40	58	12	16	140	119	41	39	39	64	140	13	59	29	72	64	71	54	152	119	62	1522
(c) 1963-66	45	36	8	34	8	3	209	108	28	27	25	20	119	13	34	51	51	13	22	90	92	38	67	1181
3. Total attendances by all children under 5 years of age	1333	655	1925	3316	2561	130	4621	2833	1322	1216	735	2761	2612	303	679	622	1194	1741	1493	1539	1752	3748	1047	40228
4. Number of children seen by a Doctor at the Centre:-																								
(a) For the first time since birth	43	43	55	165	38	-	219	138	37	65	25	82	86	25	17	35	86	88	73	68	96	111	72	1667
(b) Subsequent interviews	163	167	325	378	256	-	857	188	109	158	115	550	562	125	107	233	89	197	268	265	307	405	213	6037
5. Number of children under 5 years of age referred to general medical practitioners or specialist for special treatment or advice after medical examination	5	11	-	1	-	-	10	18	3	10	2	1	3	-	3	-	2	4	2	-	1	5	8	89
6. Number of children "AT RISK" at the END OF THE YEAR - (See definition of "At Risk" in note * below)	44	19	9	57	32	-	67	36	-	30	24	64	50	-	35	14	82	91	9	10	54	15	21	793

* "AT RISK" cases include such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities difficult births, history of viral infection in mother, etc.

Table 10 (c)
MOBILE (CHILD WELFARE) CLINICS 1968

DESCRIPTION	DYSERTH	EWLOE	FFYNNON-GROEW	GWRNNAFFIELD	HALKYN	PENYFFORDD	RHUDDLAN	TOTALS
1. Number of sessions held by:- (a) Medical Officers (b) Health Visitors (without Doctor). (c) General Practitioners employed by Local Health Authority on sessional basis. (d) Hospital Medical Staff. (e) Total Sessions	21 - - - 21	24 - - - 24	23 - - - 23	10 13 - - 23	22 - - - 22	23 - - - 23	24 - - - 24	147 13 - - 160
2. Number of infants who attended and who were born:- (a) 1968 (b) 1967 (c) 1963-1966	22 22 20	32 40 30	16 3 5	19 16 6	26 32 31	37 13 4	35 45 24	187 171 120
3. Total attendances by all children under 5 years of age.	327	767	253	279	426	673	893	3618
4. Number of children seen by a Doctor at the Centre:- (a) For the first time since birth (b) Subsequent interviews.	26 181	37 313	16 109	14 67	33 112	49 244	49 337	224 1363
5. Number of children under 5 years of age referred to general Medical Practitioner or specialist for special treatment or advice after medical examination.	1	-	1	-	1	13	3	19
6. Number of children "AT RISK" at the END OF THE YEAR (see definition of "At Risk" in note below).	-	-	-	-	14	22	-	36

"AT RISK" cases include such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in mother, etc.

Table 10 (d)
CHILD WELFARE CENTRES
SUMMARY OF TABLES 10 (b) and 10 (c)

DESCRIPTION	Total Fixed Clinics	Total Mobile Clinics	Grand Total
1. Number of Sessions held by:-			
(a) Medical Officers	468	147	615
(b) Health Visitors (without Doctor)	474	13	487
(c) General Practitioners employed by Local Health Authority on sessional basis	22	-	22
(d) Hospital Medical Staff	-	-	-
(e) Total sessions	964	160	1124
2. Number of infants who attended and who were born:-			
(a) 1968	2144	187	2331
(b) 1967	1522	171	1693
(c) 1963-1966	1181	120	1301
3. Total attendances by all children under 5 years of age	40228	3618	43846
4. Number of children seen by a Doctor at the Centre:-			
(a) For the first time since birth	1667	224	1891
(b) Subsequent interviews	6037	1363	7079
5. Number of children under 5 years of age referred to Genral Medical Practitioners or Specialist for special treatment or advice after medical examination	89	19	108
6. Number of children "at risk" at the end of the year	793	36	829

* "AT RISK" cases include such groups as premature infants, haemolytic disease of the new born, congenital abnormalities, difficult births, history of virus infection in mother, etc.

WELFARE FOODS SERVICE - The distribution of Welfare Foods (National Dried Milk, Cod Liver Oil, Vitamin tablets and Orange Juice), has again been carried out successfully during the year with the continued co-operation of the Women's Voluntary Service, Women's Institutes, Welfare Centre Voluntary Committees and Village Shop-keepers.

The amounts of welfare foods distributed during the year remained at the same level as in 1967, the only decrease being in the sale of National Dried Milk. The acceptance rate of all welfare foods still remains low and is only about 15% of the total sales of dried milk and vitamin preparations sold for babies and mothers in the county. It still remains doubtful if it is necessary or economical to handle National Welfare Foods and proprietary brands at clinic premises now that proprietary brands are more acceptable to mothers, which are readily available and cost no more than the National Welfare Foods.

Storage Depot: An emergency supply is kept at the Ambulance Station, Rhyl, but the main depot is at the Ambulance Headquarters, Mold.

Supplies: Supplies of Welfare Foods were ordered from Messrs. S.P.D. Ltd. of Liverpool and direct deliveries were made to two Clinics, one shop and to the Mold Depot.

The remaining centres are supplied from the Authority's Storage Depot at Mold.

Clinics - 26

Shops - 2

Food Distributed: Issued to beneficiaries and losses through breakages etc., during the year were as follows:-

	<u>National Dried Milk</u>	<u>Cod Liver Oil</u>	<u>Vitamin tabs</u>	<u>Orange Juice</u>
--	----------------------------	----------------------	---------------------	---------------------

Issued against coupons	4975	2031	1608	28678
Issued to Hospitals	53	-	-	148
Issued at 4/-d.	1809	-	-	-
Issued to Day Nurseries	-	-	-	-
	6837	2031	1608	28826

	<u>National Dried Milk</u>	<u>Cod Liver Oil</u>	<u>Vitamin tabs</u>	<u>Orange Juice</u>
B/fwd	6837	2031	1608	28,826
Out of date, damaged etc.,	250	-	-	-
Sent for Analysis	-	-	-	-
Losses through breakages	-	14	32	177
	7087	2045	1640	29,003

Summary of Cash and Coupons:

	Issued	Charge	Amount Due			Amount Received		
N.D.M.		s d	£	s	d	£	s	d
(a) By cash	3750	2. 4	437	9.	8	437	9.	8
(b) Free	325							
(c) By cash	1809	4. 0	361	16.	0	361	16.	0
C.L.O.								
(a) Free	212							
(b) By cash	1819	1. 0	90	19.	0	90	19.	0
A. & D.								
(a) Free	7							
(b) By cash	1600	6	40	0.	0	40	0.	0
O.J.								
(a) Free	754							
(b) By cash	27924	1. 6	2094	6.	0	2094	6.	0
TOTAL CASH			£3024	10.	8	£3024	10.	8

Dental Care: The County Council has a duty to provide dental treatment for expectant mothers and children under 5 years of age, as these two groups are "priority groups".

At the end of the year one Principal Dental Officer, three full-time Dental Officers and three part-time (sessional) Dental Officers were employed.

Treatment was given to a limited number of persons in the priority groups, particularly so to children under 5 years of age.

The following table gives information as to the dental care and treatment given to children under 5 years and to expectant mothers during the year.

DENTAL CARE AND TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE

PART A - ATTENDANCES AND TREATMENT

Number of Visits for Treatment During Year:

	Children 0-4 (incl)	Expectant and Nursing Mothers
First Visit	393	109
Subsequent Visits	231	242
Total Visits	624	351
Number of additional courses of treatment other than the first course commenced during the year	32	4
Treatment provided during the year -		
Number of Fillings	523	166
Teeth Filled	457	154
Teeth Extracted	348	196
General Anaesthetics given	164	37
Emergency Visits by Patients	28	9
Patients x-rayed	-	18
Patients treated by scaling and/or removal of stains from the teeth (Phrophylaxis)	17	19
Teeth Otherwise Conserved	42	-
Teeth Root Filled	-	2
Number of courses of treatment completed during the year	239	91

PART B - PROSTHETICS

Patients Supplied with F.U. or F.L.(first time)	-	9
Patients supplied with other dentures	-	22
Number of dentures supplied	-	36

PART C - ANAESTHETICS

General Anaesthetics Administered by Dental Officers	-	15
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PART D - INSPECTIONS

Number of patients given first inspections during the year	381	103
Number of patients in A and D above who required treatment	350	98
Number of Patients in B and E who were offered treatment	350	98

PART E - SESSIONS

Number of Dental Officer Sessions (i. e. equivalent complete half days) devoted to Maternity and Child Welfare Patients:		
For treatment	-	148
For Health Education	-	12

DOMICILIARY MIDWIFERY

At the end of the year 38 domiciliary midwives were employed, all of whom also carried out general nursing duties as our policy of employing district nurse/midwives for combined duties still functions and we feel that this, on the whole, is the best way of dealing with the position of midwifery and general nursing care in the county.

During 1968, there were 2660 births in hospital and maternity homes and 202 in mothers own home. Of the 2660 institutional births 550 were discharged within 48 hours of delivery or approximately 20% of all institutional births. All those mothers discharged from hospital early are visited by the midwives and nursed at home for a further 7 to 10 days. In addition to this work the domiciliary midwives also attend Ante-Natal Clinics held in local authority premises and in General Practitioners surgeries.

The attachment of nurse/midwives to general practitioners has in some ways altered again the pattern of midwifery care. More general practitioners are now doing their own ante-natal care of mothers on their list and midwives attend and help with the general practitioner clinics. Attachment of midwives has undoubtedly improved the level of ante-natal care in the county and ensures follow-up of any mothers who do not attend regularly for ante-natal care.

The pattern of hospital and institutional deliveries still continues and appears a permanent feature of present day and future obstetric care. This being so all we can do in the domiciliary field is to intergrate our service, as closely as we can with the maternity hospital service. This we are doing with "joint" ante-natal clinics held in county premises, staffed by the hospital consultant staff. We are also still trying to provide facilities for domiciliary midwives to deliver mothers in the maternity hospitals. We have succeeded in doing this in the general practitioner maternity units and as the practice becomes more established we will have a more firm foundation to introduce the scheme in the maternity hospitals.

Details of work during the year including training of staff and changes in the services are given in the report of the County Supervisor of Midwives which is given below:-

MIDWIFERY SERVICE

At the end of the year 38 domiciliary midwives were employed by the Authority and have practiced midwifery during the year. Two part-time midwives attend ante-natal clinics and one part-time nurse gives occasional help in the Eastern Area.

Six pupil midwives have completed their Part Two district training by arrangement with the H.M. Stanley Hospital and one by arrangement with the Maelor Maternity Hospital. Four lectures were given to pupil midwives in H.M. Stanley Hospital and each pupil was visited when records and practical work was seen. In September, the Central Midwives Board agreed to a change in the pattern of training for the district part of the Part Two training. This requires each pupil midwife to have only 6 deliveries in the patient's own home instead of 10, and to spend time in visits and tutorials concerned with the Public Health Services available in this County.

7% of all confinements in Flintshire were attended by domiciliary midwives either in the mother's own home or in the G.P. Unit. Ninety-three per cent of all mothers confined in hospital and who live in Flintshire were discharged to their own homes before the 10th day. These mothers were attended by the district nurse/midwife in their own homes. Also, every mother who has booked to have her baby in hospital (excluding General Practitioners Units) is seen by the district nurse/midwife during her pregnancy at home. 550 mothers were discharged before the third day. During 1968, as compared with 1967, there has been an increase of mothers discharged before the third day, a .6% increase of all mothers discharged before the tenth day and a decrease of .6% of domiciliary confinements.

Each district nurse/midwife has been visited during the year for the purpose of seeing practical work and examination of records. In all 160 visits were made for this purpose which includes extra visits for other reasons.

In accordance with the rules of the Central Midwives Board, 7 visits were made to the maternity hospitals. 44 midwives working in hospital notified their intention to practice during 1968.

The ante-natal clinics and mothercraft classes were visited regularly by the senior nurses. Eight mothercraft classes are held in different parts of the County. 351 mothers attended these classes, making an attendance of 1,184. Any mother can attend, whether she is having her baby at home or in hospital. They are given instructions, but clinical examination of the mother is not carried out. The maintenance of these classes has been due to the interest and work and the co-operation of the midwives and health visitors concerned. The attendances at the mothercraft classes are as follows:-

<u>Clinic</u>	<u>Sessions</u>	<u>New Cases</u>	<u>Attendances</u>
Buckley	24	62	84
Caergwrle	17	20	81
Connah's Quay	33	37	184
Flint	44	22	103
Holywell	9	9	32
Mancot	33	44	159
Mold	19	37	113
Rhyl	50	90	428

The Senior Nurses are responsible for the running of four combined hospital and domiciliary ante-natal clinics. Three are attended by Consultant Obstetricians from H.M. Stanley Hospital and one from Maelor Maternity Hospital. Several midwives also attend ante-natal clinics arranged by general practitioners in their own Surgeries.

The following Central Midwives Board notifications have been received:-

A. From domiciliary midwives:

Medical Aids	- 2
Liable to be a source of infection	- 1
Still Births	- 2

B. From the Maternity Homes:

Medical Aids	- 2
Still Births	- 3

In the district nursing report an account of the general practitioner's attachment of nurses is given. District nurse/midwives cover the midwifery of these practices.

The establishment of group practices has changed the arrangement of relief duties. In the Western and Central areas some nurses outside the general practitioner attachments cover the nursing and midwifery required of the doctors without nurses and midwives attached and some relieve the nurses of the group attachments when necessary.

The arrangements for days off duty remain the same, which allows two days for each week. In the Eastern area where there are no attachments of nursing and midwifery staff to general practitioners, relief is covered by area relief nurses as before.

Arrangements are being made for a part-time nurse to be employed to relieve the two district nurse/midwives who commenced in the Maelor area in September.

L. MANN

County Nursing Officer.

Duty as Local Supervising Authority: It is the duty of the Local Health Authority to supervise the work of all midwives who have notified their intention to practise in the area, irrespective of whether they are employed as domiciliary midwives by the Authority or by Hospital Management Committees, or are engaged in private practice.

Table 12 shows the number of midwives who were in domiciliary practice in the area on 31st December, 1968.

Table 11

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES
DURING 1968

Number of domiciliary confinements attended by midwives under N.H.S. arrangements.

<u>Doctor not booked</u>		<u>Doctor booked</u>		Total	Number of cases delivered in hospital and other institutions but discharged and attended by domiciliary midwives before 10th day.
Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery		
2	5	54	140	201	2391

Table 12

DOMICILIARY MIDWIVES IN PRACTICE ON 31st DECEMBER, 1968

		Domiciliary Midwives	Total
(a)	Midwives employed by the Authority	38	38
(b)	Midwives employed by Voluntary Organisations:-		
	(i) Under arrangement with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946.	-	-
	(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	-	-
(c)	Midwives in Private Practice (including Midwives employed in Nursing Homes)	-	-
TOTAL		38	38

NOTIFICATION OF BIRTHS

The actual number of births notified in the County during the year under Section 203 of the Public Health Act, 1936, and the number as adjusted by transferred notifications were as follows:-

It will be noted by reference to page 30 that the adjusted figures show that this is 166 live births less and 3 stillbirths more than the total of live and stillbirths received in the returns from the Registrar-General.

NURSING HOMES

Two homes registered and one registration withdrawn during the year, the number of nursing homes registered with the Authority under the Public Health Act of 1936. All nursing homes were regularly visited by the County Nursing Officer during the year and minor defects and improvements were dealt with promptly by all persons in charge. We had no occasion to exercise our powers under the Nursing Homes Act, 1963, to compel owners to execute works within a specified period.

As mentioned in previous reports more and more of the patients admitted to nursing homes now are aged persons mobile enough to care for themselves and needing varying degrees of nursing care. In recent years some persons seeking registration have been advised to seek registration under Section 37 of the National Assistance Act for the care of the aged as the need for this type of case far exceeds the care for full nursing home accommodation.

At the end of 1968, eight persons were registered under Section 37 of the National Assistance Act accommodating in all 113 persons and visited and supervised by the County Welfare Officer.

In addition there are two homes provided by the National Association for Mental Health and National Society for Mentally Handicapped Children which are registered under Section 37 of the National Assistance Act and provides accommodation for ninety mentally subnormal patients for one week at a time. Such patients are usually admitted from hospitals or training centres.

Table 13

	Live Births Adjusted	Stillbirths Adjusted	Total Births Adjusted
Domiciliary	201	1	202
Institutional	2618	42	2660
TOTAL	2819	43	2862

The position concerning Nursing Homes in the County is given below:-

**Return of work done by the Authority under Registration of
Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936,
as amended by the Nursing Homes Act, 1963)**

	Number of Homes	Number of beds provided for: Maternity	Other	Totals
Homes registered during the year	2	-	21	21
Homes whose registrations were withdrawn during the year	1	-	20	20
Homes on the register at the end of the year	6	-	67	67

Table 14

HEALTH VISITING

Cases visited by Health Visitors		No. of cases
1.	Children born in 1968	3157
2.	Children born in 1967	2797
3.	Children born in 1963-1966	6336
4.	Total number of children in lines 1 - 3	12290
5.	Persons aged 65 or over	2043
6.	Number included in line 5 who were visited at the special request of a G.P. or hospital	461
7.	Mentally disordered persons	109
8.	Number included in line 7 who were visited at the special request of a G.P. or hospital	14
9.	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	209
10.	Number included in line 9 who were visited at the special request of a G.P. or hospital	150
11.	Number of tuberculous households visited	26
12.	Number of households visited on account of other infectious diseases	121
13.	Number of tuberculous households visited by Visitors for Chest Diseases	414

In addition, the work of the Health Visitors for the year under report included:-

Number of expectant mothers visited	...	...	...	...	...	...	...	...	593
Number of handicapped persons visited	...	...	...	...	...	...	...	...	326
Clinics, excluding School Clinics:									
Half-days	...	...	...	...	...	...	...	...	1,796
Evening sessions	...	...	...	...	...	...	...	...	41
Mothercraft Classes attended	...	...	...	...	...	...	...	...	71
Talks to groups:-									
In Clinics	...	...	...	...	...	...	...	...	333
Elsewhere	...	...	...	...	...	...	...	...	140
Interviews with:-									
General Medical Practitioners	...	...	...	...	...	...	...	...	1,473
Social Workers	...	...	...	...	...	...	...	...	1,755
Others, parents, etc.	...	...	...	...	...	...	...	...	2,648

REPORT OF SUPERINTENDENT HEALTH VISITOR

During 1968 Health Visitors have continued to carry out combined duties as Health Visitors and School Nurses assisted by Clinic Nurses. In their work of prevention of mental, physical and emotional ill health they have visited more homes than in any previous year and have expanded the early detection facilities especially for tests of hearing loss and a careful watch has been kept upon the high risk groups.

Their work is made more effective by the happy working relationship with colleagues and other workers, and working in pairs or groups has proved valuable. The collaboration with General Practitioners has shown a favourable improvement with more requests for visits to patients and particularly when the person is elderly, the required services can be mobilised and early discharge from hospital facilitated.

Health teaching has continued in the homes, clinics and schools and the number of talks given to groups of people on health subjects has shown an increase to 473. A campaign to draw attention to the dangers of accidental poisoning of small children as a result of a three fold increase of hospital admissions has drawn requests from most of the Clubs for young mothers. Series of lectures have also been given to some of the Voluntary Organisations.

Two Health Visitors are designated Senior Health Visitors and it is hoped to appoint a third so that work in Three Area Groups with teams of Health Visitors and Clinic Nurses will be encouraged. It is also hoped to base each Health Visitor's case load upon the children under 5 years old of several General Practitioners, so that each Doctor may be able to contact one Health Visitor instead of several. The demands made upon Health Visitors instead of several. The demands made upon Health Visitors and Clinic Nurses are increasing rapidly as more housing estates are built and more people come to reside in Flintshire, often without the support of their immediate family to help in times of stress. The patient work of home visiting in giving support and guidance to young families, the aged and the handicapped continues. Visits to children under the age of 5 years show an increase from 11551 in 1967 to 20809 in 1968. This is a mark of the valuable contribution to the health and well being of the Community and the early detection of abnormalities may save costly care at a later date. The number of interviews with General Practitioners shows an increase from 1134 to 1473. It is hoped to increase the number of liaison and attachment scheme. Where Health Visitors are attached the resulting partnership is greatly appreciated by the patients.

The Visitors for Chest Diseases have attended the Chest Clinics in their areas and are responsible for the after care and contact tracing of all patients with chest illnesses including bronchitis and bronchiectasis. Hospital liaison schemes have continued with visits by Health Visitors to the Wrexham, Rhyl and Holywell Hospitals. This contact enables better preparation to be made before discharge of an elderly patient and in the case of a child, discussion with the Ward Sister is most helpful as the Health Visitor can continue the advice given and watch the progress with greater enlightenment.

An in service Training Course held at the Post Graduate Medical Centre in Rhyl in May, organised by the Royal College of Nursing and attended by 7 Health Visitors. This was on the Care of the Aged and participants included nurse from both Hospital and Local Health Authority. In December members of the Health Department and the Department of Management Studies at the College of Further Education, Kelsterton, with the help of some eminent speakers held a Course on Management for all Health Visitors. This has brought far reaching results and has kindled enthusiasm and produced greater insight into the Health Visiting services.

The Central Council for Health Education helped with a day course on the Art of Communication in Health Education and Miss Hamer, Senior Social Worker in the Child Guidance Service gave two most instructive courses on Emotional Development in young children and the discussions were most fruitful in producing greater insight and understanding. A lecture on Foot Care and Shoes was given by Mrs. College.

The provision of care for a very large number of families with support during period of difficulty forms a large part of the Health Visitors work. The notification of children with Handicaps has received greater attention as the Health Visitor has a great opportunity of recognising at an early date those who will need special provision in the future.

Mothers Clubs:- These groups of young wives have continued to meet in our clinics and a few in halls and in a private home in one club. These meetings have been of great value in promoting a far greater knowledge of child care and of many other subjects of interest to mothers. Several of the clubs have given voluntary service and donations of money to help special causes. Three clubs arranged to entertain the residents in homes for the aged.

Pre-school Play Groups: This movement started in 1966 and the number has steadily increased. This provision for children to play together has proved most rewarding. The groups are now gradually appointing supervisors who have had some training or experience with children.

Miss G. Edwards, Infants School Organiser, arranged two courses for Play Group Helpers in Rhyl and Hawarden.

The Flintshire Association of Pre-School Play Groups has continued to strengthen established groups and to help new ones. Over 500 children are now on the register of playgroups and they are enjoying the provisions.

I have made 84 visits in connection with this work and the two visitors for chest diseases have given much help in supervising and visiting the Play Groups.

Some of the work undertaken by me is given below:-

Visits to Child Welfare Centres	26
Visits to School Clinics	2
Visits to Hospitals and Homes for the Aged	14
Number of Interview with Health Visitors	
Visitors for Chest Diseases, Clinic Nurses	
and Home Visitors for the Handicapped	822
Other interviews	284
Health Education:	
Talks to Voluntary Groups	37
Films and talks for school children	2
Lecture to Students	7
Visits to Young Mothers' Clubs, Pre-	
School Play Groups and Daily Minders	84
Handicapped Persons:	
Visits to Social Centres	5
Staff Meetings	18

P.M. MATTHEWS,
Superintendent Health Visitor

HOME NURSING

The year was notable for the progress made in the attachment of district nurse/midwives to general practitioners in the county. A start on this work was made in 1967 but considerable progress was achieved in 1968 and by the end of the year all the nursing staff in the Western half of the county were attached. Full-time relief nurses continued to be employed in the area to provide adequate cover during holidays and sickness of attached staff. A considerable amount of time was given to this work and all general practitioners met either singly or in groups. It is a pleasure to record that general practitioners welcomed the scheme and co-operated in every way and the nursing staff have welcomed the new method of working as it brings them into closer contact with general practitioners and increases the variety of tasks they can undertake and adds considerably to the interest of their work.

The senior nurse/midwives concerned were able to play a vital role in the working of the attachment scheme and their knowledge and accessibility help to get the scheme working smoothly in the early days. They also were able to relieve strain in the new scheme by making full use of relief nurses. The experience gained in the Western half of the county will be of great help to all, including the senior nurses when we extend the attachment scheme to the Eastern half of the county in 1969.

The four senior nurse/midwives continued to deal with day-to-day nursing matters in their area and to supervise the work of the state enrolled nurses, to deal with the issue and follow-up of loan equipment and to issue nursing equipment to the staff from the two stores at Mold and St. Asaph.

During the year every opportunity was taken to provide inservice training for staff and this is fully reported in the subsequent report of the County Nursing Officer. The County Nursing Officer continued to do excellent work at the County Training Centre at Buckley where, in addition to routine inservice training, five nurses were successfully trained during the year for the National District Nursing Certificate and also placed on the roll of The Queen's Institute of District Nursing. The full responsibility of arranging all training falls on the County Nursing Officer who obtains valuable help from many other members of the staff and great credit is due to Miss L. Mann, for the excellent work done in this very important field of staff training.

Every year we find that it is essential to keep up to date with new equipment and new nursing techniques. New equipment is introduced continually and we give such equipment an extensive trial before bringing it into general use. Nearly all the equipment now used is pre-packed and sterilised, such as syringes, catheters, dressings, masks, etc. With the co-operation of general practitioners we also give extensive trials to new treatments, which are carried out by nurses, such as treatment for indolent ulcers, bed sores, certain skin conditions and infected wounds. In addition to this introduction of new equipment it is equally important that all staff are kept up to date in nursing techniques and for this purpose arrangements are made for nurses to attend recognised refresher courses regularly.

We continued to make good use of money provided by the Marie Curie Memorial Fund for helping cancer patients nursed at home, both by providing extra material comforts and by providing additional staff to help care for ill patients at home, particularly during the night.

Home nursing is a service widely used by the public and very much appreciated. Although demands have increased yearly it is gratifying to report that we have been able to meet all the calls made upon the service and the district nurses deserve the thanks of the authority for their excellent services during another busy year.

REPORT BY THE COUNTY NURSING OFFICER OF THE DISTRICT NURSING SERVICE

At the end of 1968, there were 52 nurses carrying out general nursing duties. 38 of these were also practicing midwifery. There are also six state enrolled nurses employed full-time in the Western and Central areas to assist the district nurses. There were no vacancies on December 31st.

By the 31st December, including two general practitioner attachments of district nurses and midwives, 8 others had been commenced. There are 16 staff attached to the general practitioner practices with relief arrangements made by the senior nurse, except in Prestatyn where one Queen's nurse and an S.E.N., Q.I.D.N. Cert. relieve. The 16 nurses include 5 Queen's nurse/midwives, 3 S.R.N. Midwives, 4 Queen's nurses, 2 S.E.N. Midwives, Q.I.D.N. Cert. and 2 S.E.N., Q.I.D.N. Cert. In most of the practices, the nurses visit the surgery at a given time to carry out treatments, such as dressings and injections, for patients. In all 4,817 treatments have been carried out.

The nurses throughout the County have made a total of 111,443 visits in the patient's own homes.

The nurse have continued to give assistance to patients in addition to the comprehensive nursing care by obtaining appropriate aids, such as walking aids, bath aids, wheelchairs and hoists from this Authority or The Red Cross Society.

Since the County was approved as a Queen's District Training Authority, 35 district nurses have been successful in passing the examination and have been placed on the roll of the Queen's Institute of District Nursing and also received a National Nursing Certificate issued by the Ministry of Health. Three of our own staff have been successful and one sponsored by Merionethshire has been successful. The future District Training Course will not include the Queen's Institute of District Nursing Certificate. The roll of Queen's Nurses has been closed.

The Queen's Institute of District Nursing are continuing with the Course of Instruction in district nursing for state enrolled nurses and five of the staff have been successful and have been awarded the Queen's Institute of District Nursing Certificate. The total number of state enrolled nurses who have gained this Certificate by doing the training in this County is 13.

During the year, 8 student district nurses from Liverpool spent three days in this County gaining rural experience as part of their Queen's District Training.

Lectures in Social Aspects of Disease have been given to student nurses in the Royal Alexandra Hospital, Rhyl.

In addition to the three monthly meetings of all staff arranged by the County Medical Officer of Health, 23 groups of nurses have met in different parts of the County. These have included discussions with the training midwives and district training nurses.

186 visits have been made to district nurses for the purpose of examining records and observing practical work in the patient's own home or interviewed for some special reason.

Under the Registration of Nursing Homes, Section 187-194 of the Public Health Act 1936, 12 visits have been paid to 7 Nursing Homes. One of these has closed and one commenced later in the year. One extra visit was paid to advise about the starting of a Nursing Home.

During the year, arrangements continued for the nursing staff of Lluesty Hospital to spend one day on the district. In all, 54 have seen how the patients are nursed in their own homes.

A meeting of a cross section of district nursing staff and hospital staff was held and it showed how much value this arrangement had been. It has created a better liaison between the hospital and Local Authority staff and will also benefit the patients.

The arrangements for relief duties is given in the report on the Midwifery Nursing Service.

L. MANN

County Nursing Officer

Table 15
HOME NURSING

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
No. of cases attended by Home Nurses during the year:-	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Total visits
	3630	1118	3	5	61	-	4817	2692	163	119,443

VACCINATION AND IMMUNISATION

In recent years, more and more illnesses have been controlled by vaccination and immunisation and the most recent illness to be added to the list is measles. As the number of illnesses controlled increases it has become necessary to try and agree on a schedule to be followed for timing the various protective measures to ensure the greater benefit to the individual.

A suggested schedule was recently issued by the Ministry of Health which is as follows:-

4 Months of age	Triple Vaccine (Diphtheria, Tetanus and Whooping Cough). plus oral Polio vaccine.
6 Months of age	Triple + Polio
10 Months of age	Triple + Polio
12 Months of age	Measles vaccine.
15 Months of age	Smallpox vaccination.
School entry (5 years of age).	Diphtheria/Tetanus vaccine + polio.
13 Years of age.	B.C.G. Vaccine (against tuberculosis).

This schedule was submitted to the Local Medical Committee for discussion and agreed to by the general practitioners. It was made clear to general practitioners that the actual timing was in all cases subject to their clinical judgement and they were free to alter the suggested schedule when they considered this desirable.

In an endeavour to improve the level of vaccination and immunisation it was also agreed with general practitioners that this service could usefully be dealt with by computer application and steps were taken towards this objective during the year. Computer application will also reduce both the clerical work of general practitioners and the Executive Council and it is hoped to put the whole scheme into operation on 1st January, 1969.

For obvious reasons, it is desirable - indeed essential - to get as many infants and others protected against disease when suitable vaccines are available. For some years the protection rate in general has been far too low and it is hoped that with better appointments and follow-up arising out of mechanical handling of records and appointments that there will be a marked rise in the number of individual vaccination and immunisation in the county.

In attempt to achieve this objective we carried out intensive publicity work on the value of vaccination and immunisation during the year and this will be continued during the first half of 1969.

The tables in the following pages give the figures of vaccination and immunisation carried out in 1968 and for certain conditions in preceeding years.

Table 16(a)

SMALLPOX VACCINATION

Age at date of vaccination	I. Number of Persons vaccinated (or revaccinated during period).		II. Number of cases specially reported during period		
	Number vaccinated	Number revaccinated	(a) Generalised vaccinia	(b) Post-Vaccinal Encephalo-myelitis	(c) Death from complications of vaccination other than (a) and (b)
0-3 months	5	-	-	-	-
3-6 months	10	-	-	-	-
6-9 months	6	-	-	-	-
9-12 months	12	-	-	-	-
1	754	-	-	-	-
2-4	505	18	-	-	-
5-15	247	230	-	-	-
TOTAL	1539	248	-	-	-

Table 16 (b)

NUMBER OF CHILDREN (included in Table 16 (a)) WHO WERE
VACCINATED BY HEALTH DEPARTMENT STAFF DURING 1967

Age at date of vaccination		Number vaccinated
0-3 months	. . .	1
3-6 months	. . .	4
6-9 months	. . .	1
9-12 months	. . .	-
1-2 years	. . .	469
2-4 years	. . .	260
5-15 years	. . .	168
TOTAL	. . .	<u>903</u>

Table 17

VACCINATION OF PERSONS UNDER 16 COMPLETED DURING 1968

Part 1 - Completed Primary Courses - Number of persons under age 16

Type of Vaccine or Dose	YEAR OF BIRTH					Others under age 16	TOTAL
	1968	1967	1966	1965	1961-64		
1. Quadruple D. T. P. P.	-	-	-	-	-	-	-
2. Triple D. T. P.	333	1163	172	41	34	3	1746
3. Diphtheria/Pertussis	-	-	-	-	8	1	9
4. Diphtheria/Tetanus	-	13	5	5	151	30	204
5. Diphtheria	6	-	-	-	2	2	4
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	1	-	1	7	60	69
8. Salk	-	-	-	-	-	-	-
9. Sabin	324	1154	208	79	260	49	2074
10. Measles	16	181	166	132	226	15	736
11. Lines 1+2+3+4+5 (Diphtheria)	333	1176	177	46	195	36	1963
12. Lines 1+2+3+6 (Whooping cough)	333	1163	172	41	42	4	1755
13. Lines 1+2+4+7 (Tetanus)	333	1177	177	47	192	93	2019
14. Lines 1+8+9 (Polio)	324	1154	208	79	260	49	2074

Table 17

Part 2 - REINFORCING DOSES - Number of persons under age 16

Type of vaccine or dose	YEAR OF BIRTH					Others under age 16	TOTAL
	1968	1967	1966	1965	1961-64		
1. Quadruple D.T.P.P.	-	-	-	-	-	-	-
2. Triple D.T.P.	-	-	-	44	88	3	135
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	-	-	35	2063	346	2444
5. Diphtheria	-	-	-	1	19	20	40
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	2	30	91	123
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	-	-	72	2581	510	3163
10. Measles	-	-	-	24	16	-	40
11. Lines 1+2+3+4+5 (Diphtheria)	-	-	-	80	2170	369	2619
12. Lines 1+2+3+6 (Whooping cough)	-	-	-	44	88	3	135
13. Lines 1+2+4+7 (Tetanus)	-	-	-	81	2181	440	2702
14. Lines 1+8+9 (Polio)	-	-	-	72	2581	510	3163

Details of the B.C.G. Vaccination work done for contacts, children and young persons are given in Table 18.

Table 18

B.C.G. VACCINATION AGAINST TUBERCULOSIS - YEAR 1968

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. Contact Scheme

(Circular 19/64 (Wales))

(i)	Number skin tested	...	...	...	...	387
(ii)	Number found positive	...	...	...	...	186
(iii)	Number found negative	...	...	...	...	91
(iv)	Number vaccinated	...	...	...	...	95

B. School Children and Students Scheme

(Circulars 19/64 (Wales))

(i)	Number skin tested	...	...	...	...	1,905
(ii)	Number found positive	...	...	...	...	209
(iii)	Number found negative	...	...	...	...	1,629
(iv)	Number vaccinated	...	...	...	...	1,532

AMBULANCE SERVICE

The following tables show the number of cases conveyed by ambulances and hired sitting case cars during the year. It also gives, for the purpose of comparison, the figures for 1967 and 1955, together with the number of journeys and mileage involved.

AMBULANCES

<u>Year</u>	<u>Stretcher & Chair Cases</u>	<u>Sitting Cases</u>	<u>Journeys</u>	<u>Mileage</u>
1968	12768	46021	12706	482416
1967	12326	42737	11998	450325
1955	5544	19745	8201	269353

HIRED SITTING CASE CARS

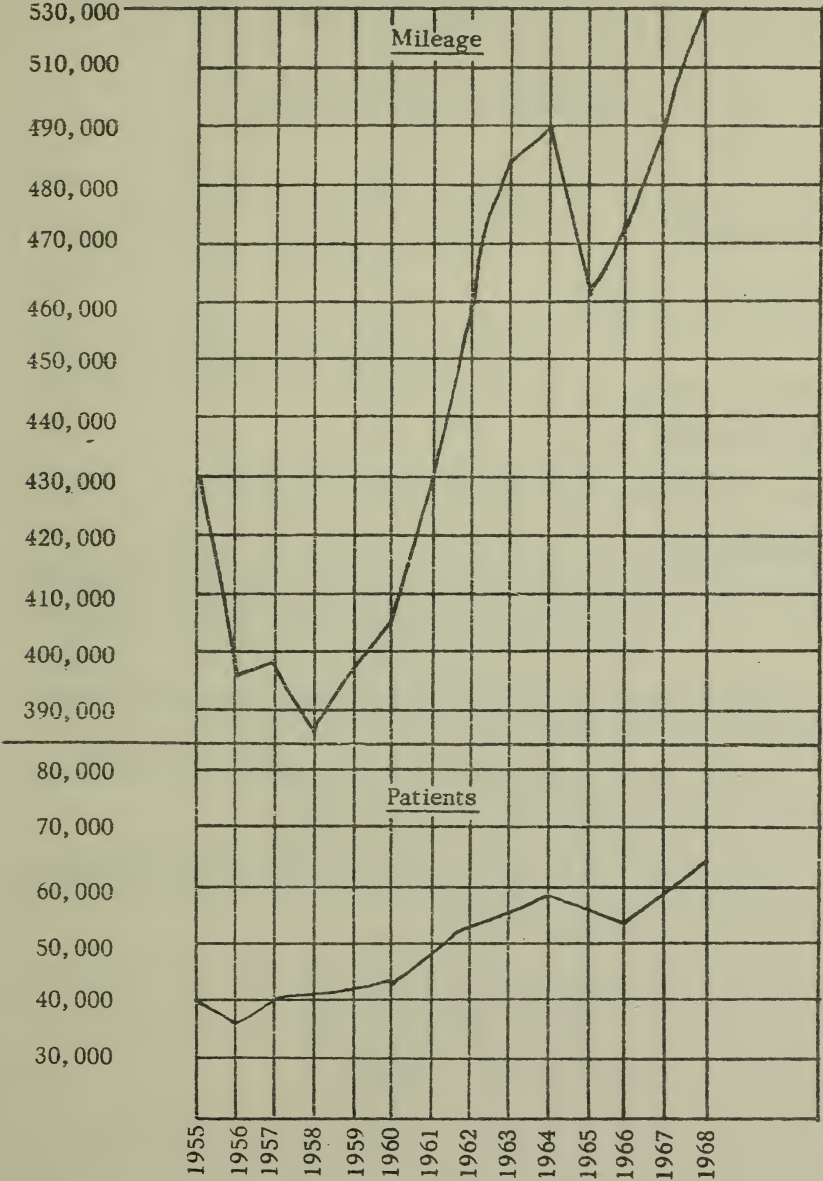
<u>Year</u>	<u>Patients</u>	<u>Journeys</u>	<u>Mileage</u>	<u>Cost</u>		
				£.	s.	d.
1968	2746	1420	35252	1924	7.	0.
1967	2397	1292	30491	1591	3.	10.
1955	14507	6130	157643	8137	19.	1.

Patients transported by Rail: Forty-two patients were conveyed by Rail during the year, involving 5,719 miles. In 1967 Forty-five patients were conveyed, involving 5,485 miles.

AMBULANCES

Stations	1968						1967						1955					
	Personnel	Vehicles	Stretchers & Chair Cases	Sitting Cases	Journeys	Mileage	Personnel	Vehicles	Stretchers & Chair Cases	Sitting Cases	Journeys	Mileage	Personnel	Vehicles	Stretchers & Chair Cases	Sitting Cases	Journeys	Mileage
Mold	10	9	3097	10653	2999	115688	10	8	3091	10139	2849	107382	4	3				
Rhy1	10	5	4269	11607	3127	97000	10	5	4770	11294	3101	98415	4	3				
Queensferry	9	4	2071	7825	2521	90281	8	4	1742	7211	2257	84594	3	2	5544	19745	8201	269353
Holywell	10	6	2531	8139	2532	106793	9	6	1994	7092	2403	99499	3	2				
F1int	3	2	686	6049	1236	49701	3	2	660	5663	1096	42170	2	1				
Hammer	1	1	114	1748	291	22953	1	1	69	1338	292	18265	-	-				
Totals:	43	27	12768	46021	12706	482416	41	26	12326	42737	11998	450325	16	11	5544	19745	8201	269353

The following shows mileage and patients conveyed by Ambulances and Hired Sitting Case Cars. Mileage for other work, Mobile Clinic etc, not included.



Conveyance of patients to and from Hospitals in Liverpool and Manchester: During the year 656 journeys were made to Liverpool to convey 1,747 patients to and from Hospitals in that Region and 129 journeys to Manchester Hospitals to convey 306 patients.

ANALYSIS OF ALL PATIENTS

	<u>1968</u>	<u>1967</u>	<u>1955</u>
Road Accidents	916	864	223
Miscellaneous Accidents	708	670	111
Maternity Cases	900	837	246
Emergency Cases	5502	5184	1279
Infectious Cases	78	67	79
General Removals & Clinic Cases	53431	49839	37839
Patients by Rail	42	45	19
	<u>61,577</u>	<u>57,506</u>	<u>39,796</u>

Average number of accidents and emergency calls every 24 hours during the year was 22.50.

Average number of Patients and Persons carried every 24 hours during 1968 by the Ambulance Service was 132.

Mobile Health and Dental Clinics: The following gives figures relating to the work carried out by the Mobile Health Clinic in the County with comparative figures for 1967.

1968		1967	
Sessions	Mileage	Sessions	Mileage
188	4490	164	3761

Conveyance of Mothers and Babies to and from the Mobile Clinic: The following shows the number of mothers and infants conveyed from the surrounding districts by the towing vehicle to the Mobile Clinic during 1968 and corresponding figures for 1967.

<u>Year</u>	<u>Mothers</u>	<u>Infants</u>	<u>Mileage</u>
1968	1166	1650	2182
1967	1448	1934	2380

Mobile Dental Clinic: The Mobile Dental Clinic was moved on 12 occasions to various schools, at the request of the Senior Dental Officer, during the year, involving 461 miles.

Delivery of Welfare Foods: The following shows the number of journeys made during the year to deliver Welfare Foods to various Centres in the County and mileage involved.

	<u>1968</u>	<u>1967</u>
Journeys	57	67
Mileage	3187	3045

Conveyance of Handicapped Persons: 261 journeys were made to convey Handicapped Persons to Special Handicapped Clinics involving 14,883 miles. 581 journeys to convey 272 elderly people on daily visits to Homes for the Aged, involving 528 miles.

Conveyance of Handicapped Children: One journey involving 74 miles, was made to carry Handicapped children to and from Ysgol Gogarth, Llandudno.

Health Department: In removing Medical Equipment, and other miscellaneous journeys made by Ambulances during the year, 44 journeys were made involving 744 miles.

Major Accident Exercise: A Major Accident Exercise was held on Sunday, 25th February 1968, at Kinmel Camp, Bodelwyddan, when all Services came into operation. The Ambulance Service turned out seven ambulances to the scene, they moved 29 "casualties" to various Hospitals in eight journeys involving 407 miles.

Race Meetings: Ambulances attended Motor Cycle Trials at Gronant involving 16 miles.

AMBULANCE AND SITTING CASE CARS STATISTICS

	<u>1968</u>	<u>1967</u>	<u>1955</u>
Patients by Ambulances	58789	55063	25289
Others by Ambulances	10959	9841	-
Patients by Hired Sitting Case Cars	2746	2397	14507
Patients by Rail	42	45	19
Totals:	<u>72536</u>	<u>67346</u>	<u>39815</u>

Journeys

Ambulances	13542	13048	8201
Hired Sitting Case Cars	1420	1292	6130
Totals:	<u>14962</u>	<u>14340</u>	<u>14331</u>

Mileage

Ambulances	509388	473669	269353
Hired Sitting Case Cars	35252	30491	157643
Rail Mileage	5719	5485	-
	<u>550359</u>	<u>509645</u>	<u>426996</u>

Fuel: 19,568 gallons of Petrol were consumed by 20 Petrol vehicles in the Service to cover 333,135 miles, average m.p.g. 17.0 6,647 gallons of Diesel were consumed by the 7 Diesell vehicles to cover 176,253 miles, average m.p.g. 26.35.

WORK CARRIED OUT BY FLINTSHIRE ON BEHALF OF OTHER AUTHORITIES

	<u>1968</u>	<u>1967</u>
Patients	247	318
Journeys	178	133
Mileage	3868	2347
Cost-Claimed	£483. 15. 2d.	£317. 0. 2d.

WORK CARRIED OUT BY OTHER AUTHORITIES ON BEHALF OF FLINTSHIRE

	<u>1968</u>	<u>1967</u>
Patients	407	340
Journeys	345	233
Mileage	3674	2220
Cost - Paid	£590. 8. 8.	£581. 5. 11d.

New Ambulances: Two new Ambulances were purchased in 1968, Standard Type Ambulances replacing 51 ADM and 52 ADM after 7 years, and had covered over 200,000 miles each.

One 24-cwt Commer Equipment Vehicle, Reg. No. EDM 870C, was purchased in July 1968 from Civil Defence. This vehicle is stationed at Headquarters and is used as equipment vehicle for Major Accidents, also to remove medical equipment and Welfare Foods etc.

Vehicles: Total Vehicles in the Service as on 31st December 1968:

<u>Type</u>	<u>Diesel</u>	<u>Petrol</u>	<u>Total</u>
Standard Ambulances	7	9	16
Dual Purpose Ambulances		9	9
Handicapped Persons Ambulances		1	1
Emergency Equipment Vehicle		1	1
Health and Dental Mobile Clinics			2
	<u>7</u>	<u>20</u>	<u>29</u>

Accident Claims: 14 Accident Claims were made on the Insurance Company during the year. Nine of the accidents were caused by other drivers and five caused by our own drivers. None were serious and nobody suffered any injury.

Safe Driving Awards: Out of 37 Driver/Attendants entered for the National Society for the Prevention of Accidents for 1968, 32 qualified for Awards.

Training Local Training in advanced First Aid arranged in the evenings by the County Ambulance Officer at Mold, Rhyl and Holywell. Lectures were given by Surgeons and Doctors. Twenty-four of the Ambulance Personnel gained Advanced First Aid Certificates three Personnel gained Higher First Aid Certificates.

Annual Ambulance Competitions: The 12th Annual County Ambulance Competition was held at Mold on May 11th, 1968. Five teams competed and the Flint team was successful. Competition was, as usual, keen and there was only a small margin between the winning team and the other competitors.

The Chairman's Cup for the best kept station went to Queensferry and the D.J. Jones Trophy for the best driver was won by Driver P.J. Stanley.

The winning county team competed in the Welsh Regional Competition at Newtown in July and was again successful in gaining the highest marks and awarded the Britton trophy.

This team then went to the National Ambulance Competition representing Wales at Rover Works, Solihull, in August, and came second to Hampshire and gained the Middlesex Shield.

Sickness: 1,548 man hours were lost by Operational staff owing to sickness and injury and 36 working days by Headquarters Staff.

Establishment: The establishment of the Service as on 31st December 1968, was as follows:-

Head of Department	County Medical Officer of Health
Officer-in-Charge	County Ambulance Officer
Records Clerk	1
Senior Ambulance Controller	1
Ambulance Controllers (2 females and 3 males)	5
Telephonist	1
Clerk/Shorthand Typist	1
Senior Drivers	4
Shift Leaders	4
Ambulance Drivers	18
Ambulance Attendants	13
Ambulance Driver (Part-time)	1
Mobile Clinic Driver	1
Handicapped Persons' Vehicle Driver	1
Motor Mechanic	1
Motor Mechanic (Assistant)	1
Part-time Cleaner (Ambulance Headquarters)	1

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a) **Tuberculosis:** All tuberculosis cases on the register including newly notified cases were visited during the year by the two Visitors for Chest Diseases. Repeat visits were paid to cases where necessary, particularly so to cases where social, financial or other factors made this desirable.

It should be made clear that home visiting of the tuberculous has a two-fold purpose - to help the patient and his or her family as regards the illness, and to give every assistance with the social and economic factors arising as a result of the illness.

As in previous years all contacts of newly diagnosed cases are visited and advised to attend a Chest Clinic for examination and B.C.G. vaccine if found suitable and under 21 years of age.

Grants of milk and other foods were made during the year by the Area Health Sub-Committee to 112 cases suffering from Chest diseases. These grants of milk and other foods continue to meet a real need, particularly in cases of prolonged illness, and they are in addition to any special grants of the Ministry of Social Security. Grants are only made by the authority if all contacts have been examined and the patient is accepting the treatment recommended by the Chest Physician.

B.C.G. vaccination of school children and young persons attending colleges and universities continued during the year. B.C.G. vaccine was offered to those over thirteen years of age receiving full-time or part-time education. At the end of the year 1532 young persons had received B.C.G. vaccine under this scheme, which is administered directly by the Health Department. These persons are in addition to those receiving B.C.G. vaccine from the Chest Physicians.

During 1968, the visits of the Semi Static Mass X-Ray Unit which regularly visited four centres in the county were discontinued after nine years of operation. This step was taken as the number of persons attending the centres had diminished in recent years and recently general practitioners had been able to refer patients direct to radiologists for chest and other x-ray examinations.

With the discontinuance of the Semi Static Unit we decided to look again at our policy of insisting on a chest x-ray for all newly engaged staff as part of their medical examination. It was finally agreed to continue to insist on a chest x-ray examination of all staff who would come into close contact with children, e.g. teachers, nurses, child care staff, school meals staff, etc. In the case of other staff, chest x-ray examination was only requested when the history or clinical findings

made this desirable. All chest x-rays are now carried out by arrangements with Consultant Radiologists and a payment is made for each person referred. If any abnormality is found a copy of the report is sent to the patient's own doctor.

(b) Illness Generally: Grants of milk, etc., similar to those for tuberculosis are also made by the Area Sub-Committee to persons suffering from other forms of illness, and to mentally subnormal patients living in their own homes. Thirty-one such persons were assisted in 1968. The cost of this was £260.

The cost of the grants of milk and other forms of nourishment made to chest cases and to persons suffering from other illnesses was £3,200.

(c) Medical Loan Scheme: Members of the Health Committee recently expressed a desire to have some information about the type of equipment that was provided on loan by the Health Department to patients nursed at home. Over the past ten years, the department has gradually built up a supply of over 1000 items of equipment. This scheme is administered under Section 28 of the National Health Service Act and extra items are purchased annually and added to our stock to meet increasing demands and to replace equipment that becomes unserviceable with constant use. Loans are kept at the Health Department in Mold and individual nurses keep a small supply of items in daily use which they issue direct to patients. With the more bulky items these are taken to patients on request from the patient, the General Practitioner, or the hospital by the district nurse or by the Ambulance Service. Loans are free to patients who can retain them as long as required. Periodic visits to the homes are made by the senior nurses to ensure that equipment is still in use and serviceable. The equipment that is no longer needed by the patient is returned to the depot at Mold and serviced before re-issue. A card index scheme is maintained in the Health Department showing the total equipment available and the names and addresses of patients using the equipment at a given time.

In addition to the County Loan Scheme, the British Red Cross Society and the St. John's Brigade also have equipment which they loan to individuals on request, making a small loan charge in most cases. The existence of the loan depots belonging to the voluntary organisations is known to all the Health Department Staff and these depots are used to supplement the County Loan Scheme, and to assist the voluntary organisations with their training and home visiting.

Financial responsibility for periods of convalescence in Convalescent Homes has also been accepted by the Authority, the Medical Officer having the power to arrange such convalescence at his discretion. The Authority accepted financial responsibility for 49 such persons in 1968.

Recommendations for the convalescence are received from the hospital, general practitioners and public and charges are recovered according to the financial circumstances of the patient.

In recent years we have developed a close working arrangement with hospital staff to improve still further the after-care of patients discharged from hospital and requiring further treatment and care at home.

This work is done with the active support and co-operation of all General Practitioners in the County. This applies to patients from nearly all hospital departments but particularly patients from surgical, medical, geriatric, psychiatric and paediatric departments. Close working co-operation between the Health Department and Hospitals works both ways in providing better care for the patient at home after a stay in hospital and also in keeping domiciliary workers in touch with new nursing techniques and modern therapy.

HOME HELP SERVICE

The Home Help Service continued to make a most valuable contribution to community care. The total number of householders where the services of a Home Help was arranged was 1,106. Over 76 were enabled to make private arrangements from the register of private helpers. The householder pays the person concerned for her services and this saves some of the costs of administration. The Officers of the Ministry of Social Security have also been most helpful in arranging for payment of a domestic help allowance to a few elderly people.

This is an expensive service to run and every effort is made to ensure that the help is only given when the need is evident and a visit is made by one of our Area Assistant Organisers when a request is made by a G.P. or hospital. The expected duration of help is noted on each application form, but as the vast majority of householders are aged, many of them require help for an indefinite period. Health visitors now follow up after the initial visit by the Assistant Organiser.

During the year Home Helps continued, when requested, to assist the District Nurses who were visiting cases receiving help. This is particularly valuable in helping with lifting heavy and helpless patients cared for at home. The first Home Help was given time each week to assist the District Nurse with the bathing of patients. This scheme was started in Rhyl in December and it is hoped to release more Home Helps for this work.

The interest in the elderly by neighbours and friends has been encouraged and sometimes help has been given to tired relatives who

may be feeling the strain. A number of problem families have responded well to the patient collaboration of an experienced Home Help. This is work that calls for a lot of supportive help. 16 families where there was a working member benefited and in some cases this enabled them to continue in employment.

The erection of so many purpose built houses, bungalows and flats for the elderly has been a great boon for the 1,000 (approx) now accommodated. 15% of those in special type housing receive the service of a Home Help and this means that some of the tenants enjoy central heating and convenience of movement. The Wardens who are looking after some of the dwellings are doing a magnificent job in maintaining contact and developing the social life and there have been many instances of happy co-operation with Home Helps.

The appointment of a second Assistant Home Help Organiser has helped to develop the service and has provided an improved personal service of support and supervision of Home Helps and their work.

In the six months, July to January, 1968, the two organisers made the following visits:-

396 to Home Helps
749 to Householders

The Health Visitors have played a most valuable part in the care of the elderly and closer working relationships with general practitioners and hospital staff have given a better and more immediate service to those in need.

The Home Help Service is an integral part of the County Health Service, providing a personal service to persons in their own homes. The Service is much appreciated by all concerned - doctors, hospital staff, social workers and above all, by those who are cared for by the Home Helps in their own home.

Details of cases helped and hours worked are shown in table 19.

Table 19

HOME HELP TO HOUSEHOLDERS FOR PERSONS:

<u>Aged 65 or Over</u>	<u>Aged Under 65</u>				<u>Total</u>
	<u>Chronic Sick and Tuberculous</u>	<u>Mentally Disordered</u>	<u>Maternity</u>	<u>Others</u>	
No. of Cases 964	44	8	13	77	1106

Of the above, 10 persons received evening help and 26 received help on Sundays.

Hours Worked:

Eastern Area	..	..	..	..	..	..	..	..	..	41,479
Central Area	..	..	..	..	..	..	..	..	..	29,439
Western Area	..	..	..	..	..	..	..	..	..	73,227
										<u>144,146</u>

NEW CASES HELPED IN 1968

Aged 65 or over
on first Visit
in 1968

Aged under 65 on first Visit
in 1968

	<u>Chronic sick and Tuberculous</u>	<u>Mentally Disordered</u>	<u>Maternity</u>	<u>Others</u>	<u>Total</u>
No. of Cases 349	9	2	7	43	410

Number of helpers employed at 31st December, 1968:

Full-Time 3

Part-Time 151
154

Number of Meetings of Home Helps 6

Number of Training Courses held 2

Number of Training Certificates Awarded 33

Number of Long Service Awards - 10 years 4

Number of Long Service Awards - 15 years 7

P.M. MATTHEWS
Home Help Organiser

MENTAL HEALTH

Services for the mentally disordered provided by the authority continued at a satisfactory level during 1968, bearing in mind the limitation of trained staff and premises. Once again, our biggest problem has been the shortage of trained workers in all fields - Mental Welfare Officers - Adult Training Centres, Junior Training Centres, and the hostel. The Authority continued during the year with its policy of allowing staff to go on appropriate training courses and during the year one Assistant Mental Welfare Officer commenced attendance at the University Liverpool, on a twelve months course for the Diploma in Applied Social Studies (Psychiatric Social Work). One Mental Welfare Officer and one Assistant Mental Welfare Officer were attempting a two year course in social work at the Liverpool College of Commerce.

We have continued our policy of recruiting trainees in all branches of our Mental Health activities and during the year one Trainee Assistant from the Junior Training Centre commenced attendance at a two year Diploma Course for Teachers of Mentally Handicapped Children at the College of Commerce, Cardiff.

At the end of 1968, we had one Chief Mental Welfare Officer, one Senior Mental Welfare Officer, four Mental Welfare Officers, two Assistant Mental Welfare Officers and one trainee M.W.O. We were only able to meet the day-to-day needs of the mentally ill, the number of staff did not permit the type of care or after-care that we hope to provide when we eventually have a full establishment of trained staff. In addition, the Mental Health Services are constantly developing and patients are looking more and more to the staff for help on discharge from hospital. We were able to meet the demands made upon us thanks largely to the hard work and initiative of Mental Welfare Officers, the ready help of the Consultants and other staff at the Denbigh and Deva Hospitals and the co-operation of General Practitioners.

Services for the subnormal continued on a satisfactory level during 1968. The Junior Training Centre at Tirionfa, Rhuddlan, continued to function very satisfactorily, particularly now as we have adequate space and an increased complement of trained staff. There is accommodation at Tirionfa for sixty subnormal children - boys and girls - with adequate space for indoor and outdoor activities. During 1968, children from East Flintshire continued to attend the Training Centre at Chester. At the end of 1968, forty-one children from Flintshire were attending the Chester centre, and eight attended Denbighshire Centres, being conveyed by special transport provided each day.

The Authority has now agreed to the erection of a new Training Centre at Queensferry for Juniors and Adults and it is hoped that work on the centre will commence about mid 1969. The new centre will accommodate 30 juniors and 60 adults and when completed will take the trainees who now go to the centre at Chester.

During the year, the social clubs for the mentally disordered already established continued to function and indeed developed and enlarged those activities and attracted more persons who need this kind of help and support. Members of the staff run these clubs and they are assisted by some of the club members who are encouraged to take an active part in the club's activities as this is a vital factor in achieving their ultimate recovery.

The work at Fronfraith Hostel, Rhyl, continued successfully in 1968. This hostel is for mentally disordered people, usually from hospital, who require a period in a sheltered atmosphere before being discharged completely to the community, and their employability is a major factor in their selection. Many have been in hospital for a number of years and either had no homes to go to or no homes willing to have them. During the year a total of 45 people were admitted, male and female, four were returned successfully to their homes, thirteen to lodgings, one was admitted to a Special Unit. Out-county cases continued to be admitted.

During the year we continued with our policy of finding lodgings for mentally disordered patients who were fit to discharge from hospital and at the end of 1968 110 persons were in boarding house accommodation in the county in Rhyl and Prestatyn. This has entailed a great deal of work for the mental welfare officers, who not only have to find suitable lodgings, but who have to supervise and help the ex-patients when they come out of hospital and this supervision will continue indefinitely in the majority of cases.

Because of the success of our "boarding house" scheme we have decided for the time being to defer the erection of a second hostel in the Eastern end of the county. It may well be that adequate community care for ex-patients can be found in suitable supervised lodgings or by erecting or acquiring housing accommodation, and allowing patients to move in and manage their affairs with some help from the Authority's staff.

I would like to thank again the medical superintendents of the North Wales Hospital, Denbigh, and the Deva Hospital, Chester, for their help and co-operation during the year. I would also like to thank Dr. M.J. Craft, the Consultant in Subnormality, for his continued help in dealing with the many complex problems presented by sub-normal patients and in particular in holding out-patient clinics for the

subnormal in the county and providing hospital beds for short-term care. I would also like to thank, in particular, all general practitioners in the county for their ready help to the staff of the mental health section in the day to day administration of the Mental Health Act. As we get more trained mental welfare officers into the service we will be able to improve the level of community care and I know that this will be appreciated by patients and also by all the general practitioners.

Mental Health Act, 1959: There has been a gradual annual increase in the number of patients admitted informally since the introduction of the new Act. It is estimated that the figure of 75 in the table is about a $\frac{1}{4}$ of the total that did, in fact, obtain hospital admission as informal patients.

Table 20

MENTALLY-ILL PATIENTS DEALT WITH BY
MENTAL WELFARE OFFICERS, 1968

	Males	Females	Total
Admitted to Hospital for observation:			
Under Section 25	12	15	27
Under Section 29	27	29	56
	<u>39</u>	<u>44</u>	<u>83</u>
	Males	Females	Total
Admitted to Hospital for treatment	-	-	-
Under Section 26			
Admitted to Hospital informally:			
Under Section 5	31	44	75
Psychopathic Patients (admitted to Hospital)	-	-	-

Details of the work done in the community for the mentally sub-normal are given in Tables 21 and 22.

Home visiting of subnormal patients is carried out by Health Visitors and Mental Welfare Officers. The Health Visitors visit all patients under 16 years of age and Mental Welfare Officers visit all patients over that age and any cases with special problems. Reports on home visits are submitted by the staff to each Area Health Sub-Committee.

Table 21

MENTAL SUBNORMALITY
CASES ON LIST FOR VISITING IN THE COMMUNITY

			Age under 16			Age 16 and over			Total
			M	F	T	M	F	T	
1967	...	...	57	24	81	101	106	207	288
1968	...	...	70	29	99	107	114	221	320

In 22 details are given of visits paid by Mental Welfare Officers since the new Act came into force. It will be noted that 1768 after-care visits were paid and 666 visits other than after-care, where advice and help was sought, and in many instances for mentally ill patients who did not receive hospital treatment. In addition the Mental Welfare Officers paid 818 visits to mentally subnormal patients.

Table 22

VISITS PAID BY MENTAL WELFARE OFFICERS

Years:	1960	1966	1967	1968
To Mentally Ill Patients:-				
(a) After-care visits	512	2178	2892	1768
(b) Visits (other than After-care)	589	602	756	666
To Mentally Subnormal Patients	385	991	1383	818

In addition, during 1968 Health Visitors paid 502 visits to mentally subnormal patients and 493 to patients who were mentally ill.

NUMBER OF PERSON UNDER LOCAL HEALTH AUTHORITY CARE AT 31ST DECEMBER 1968

	Mentally III				Elderly mentally infirm*		Psychopathic				Subnormal				Severely subnormal				Total	
	Under age 16		16 and over		M (5)	F (6)	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over			
	M (1)	F (2)	M (3)	F (4)			M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	M (17)	F (18)		
1	Total number			248	345					1		21	5	53	54	49	24	54	60	914
2	Attending workshops, day centres, or training centres (including special units)			2								19	1	19	25	25	16	26	22	155
3	Awaiting entry to workshops, day centres, or training centres (including special units)																			
4	Receiving home training																			
5	Awaiting home training																			
6	Resident in L. A. home/hostel **			6						1		1		8	6			1		23
7	Awaiting resident in L. A. home/hostel																			
8	Resident in other home/hostel																			
9	Boarded out in private household																			
10	Attending day hospital																			
11	Receiving home visits and not included in training centre lines 2-10																			
	(b) Others			240	345							1	4	26	23	24	8	27	38	736

* Line 2 includes 47 Persons who attend the Chester and Denbighshire Training Centres.

** Line 6 includes 3 Persons from Other Authorities.

TABLE 24
NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31ST DECEMBER, 1968

Referred by	Mentally ill				Psychopathic				Subnormal				Severely subnormal				Total	
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over			
	M (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)		
(a) General practitioners			52	56														108
(b) Hospitals, on discharge from in-patient treatment			44	67														111
(c) Hospitals, after or during out-patient or day treatment			34	46														80
(d) Local education authorities			-	-					1	1			8	4				14
(e) Police and courts			7	3														10
(f) Other sources			15	16														31
(g) Total			152	188					1	1			8	4				354

Note: Only one referral should be recorded for one patient unless the local authority ceased to provide services after one referral and before the next.

Section C

INFECTIOUS AND OTHER COMMUNICABLE DISEASES

Reports on cases of notifiable diseases are sent to the Medical Officer of Local Authorities who send copies to the County Medical Officer. Weekly and quarterly returns of notifiable diseases are sent from the County Health Department to the Welsh Board of Health. There is close co-operation between the County Health Department and District Councils in the control of infectious diseases, the nursing and health visiting staff of the County Council being made available to the District Medical Officers when required to deal with an outbreak of infectious illness.

Fees for notifying infectious cases are paid to doctors by District Councils who can recover their full amount from the County if copies of the notification have been sent to the County Health Department.

The number of notifications received from District Medical Officers during the year was as follows:-

Smallpox	-
Cerebro-Spinal Fever	-
Diphtheria	-
Dysentery	35
Enteric Fever (Typhoid)	-
Erysipelas	2
Food Poisoning	20
Measles	603
Meningococcal Infections	-
Ophthalmia Neonatorum	-
Paratyphoid	-
Acute-encephalitis - Infective	-
- Post-infective	-
Acute Poliomyelitis - Paralytic	-
- Non-paralytic	-
Pneumonia	18
Puerperal Pyrexia	5
Scarlet Fever	12
Tuberculosis - Respiratory	9
- Meninges and C.N.S.	-
- Other	1
Whooping Cough	6
Malaria (contracted abroad)	-

711

The number of infectious diseases notified during the year is again small compared with previous years. If the cases of measles were removed the rest only amount to 108.

Notification is far from complete and only a fraction of notifiable cases are in fact reported on by doctors in general practice and hospital. For this reason, I continued to use four group practices in the County as "spotters" for outbreaks of infectious illnesses. Doctors in these practices notify me when cases of infectious diseases show a sharp rise in their area. By regular contact with them it is then possible to ascertain if cases are on the increase or not and also when an outbreak is declining or has come to an end.

In this way, action can often be taken to advise schools and staff of what is happening and to take steps to prevent or limit spread of infection.

During the year, there was an increase in the cases of dysentery notified 35, and this is again possibly only a fraction of the cases which occurred in the particular locality. Food poisoning usually more serious than dysentery decreased during the year but again the total cases occurring was probably much higher than the number notified, namely, 20 cases.

The Ministry of Health have stated that they plan to look at the whole question of notifying infectious diseases with a view to obtaining a more accurate picture of the position in the county as a whole.

During the year cases of infectious illness requiring hospital treatment were admitted to accommodation at Colwyn Bay Isolation Hospital, Wrexham Isolation Unit or Clatterbridge Hospital.

Table 25 shows the deaths from Tuberculosis during 1967 showing those in males and females and due to respiratory and non-respiratory illness.

Table 25

DEATHS FROM TUBERCULOSIS, 1968

	Males	Females	Total
Respiratory Tuberculosis	3	-	3
Non-respiratory Tuberculosis	5	3	8
All forms	8	3	11

Notification of new cases of tuberculosis fluctuate slightly from year to year, but the overall trend is a gradual reduction in new cases notified, both respiratory and non-respiratory. In the same way, deaths from tuberculosis have also diminished during the last twenty years.

Tuberculosis is no longer a major public health problem and quite naturally the facilities used for tuberculosis in the past are now being used for chest diseases in general, and in line with the trend, the Tuberculosis Health Visitors are now designated Visitors for Chest Diseases, and visit all cases with chest complaints where after-care visiting would be of help to the patient.

During the year the close co-operation existing in the past with the Ministry of Social Security and the Group Resettlement Officer of the Ministry of Labour has been maintained.

I would like also to thank Dr. E. Clifford Jones, Dr. J.B. Morrison and Dr. R.W. Biagi, the Consultant Chest Physicians who serve Flintshire, for their ready co-operation and valuable assistance in the work of prevention and after-care of tuberculosis.

Routine mass x-ray surveys of school children are not now carried out. Children found to be mantoux positive during the B.C.G. testing are referred to the Mass X-Ray Unit for a chest x-ray. Those found to be strongly positive - a very small number - are referred to the Chest Physician for a large plate chest x-ray and a clinical examination.

As stated elsewhere in this report the Semi Static Mass X-Ray Unit ceased to visit the county in 1968, after a period of nine years. However, the Welsh Hospital Board agreed that a Mass X-Ray Unit would be available to visit the county for two to three weeks each year to carry out surveys in various organisations, such as factories, etc. The unit will also x-ray children found to be mantoux positive during B.C.G.

Table 26
TUBERCULOSIS - CARE AND AFTER-CARE

DURING 1968									
	MALES			FEMALES			TOTAL		
	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	Total
1. Number of cases notified to Chest Visitors: -									
Respiratory	-	3	3	-	5	5	-	8	8
Non-respiratory	-	2	2	-	-	-	-	2	2
Total	-	5	5	-	5	5	-	10	10
2. Number of persons in contact (at home) with above cases: -									
Respiratory	3	18	21	2	12	14	5	30	35
Non-respiratory	3	10	13	1	9	10	4	19	23
Total	6	28	34	3	21	24	9	49	58
3. Of the "contacts" shown in (2) above, number known to have been examined by Chest Physician: -									
Respiratory	3	17	20	2	11	13	5	28	33
Non-respiratory	3	9	12	1	8	9	4	17	21
Total	6	26	32	3	19	22	9	45	54

Venereal Disease: The number of cases treated for the first time at the Centres at Chester, St. Asaph, Wrexham and Liverpool during the year was:

Syphilis	3
Gonorrhoea	44
Other conditions	157
TOTAL	204

Section D

FOOD AND DRUGS ACT 1956

REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

Environmental Health: The following measures were amongst the new legislation introduced during the year ended December 31st, 1968:-

- Caravan Sites Act, 1968
- Clean Air Act, 1968
- Countryside Act, 1968
- Health Services and Public Health Act, 1968
- Trade Descriptions Act, 1968
- Imported Food Regulations, 1968
- Fish and Meat Spreadable Products Regulations, 1968
- Public Health Infectious Disease Regulations, 1968
- Skimmed Milk with Non-Milk Fat (Amended) Regulations, 1968
- Canned Meat (Amended) Regulations, 1968
- Sausages and other Meat Products (Amended) Regulations, 1968

Food and Drugs: 1674 Samples were taken during the year ended 31st December, 1968. 624 Samples were sent for chemical analysis and the remainder were sent to the Public Health Laboratory Service for bacteriological examination.

Herewith, is a summary of the samples submitted for chemical analysis.

<u>Article</u>	<u>Nos taken</u>	<u>Genuine</u>	<u>Not genuine or below standard</u>
Milk	321	287	34
Miscellaneous Groceries	98	96	2
Alcoholic Drinks	22	22	
Patent Medicines	23	23	
Fruit and vegetables	36	36	
Ice Cream and Lollies	13	13	
Meat Products	42	38	4
Dairy Produce	17	17	
Food Colours	13	12	1
Confectionery	39	38	1
	624	582	42

Milk: (a) Chemical Analysis: 321 Samples were sent to the Public Analyst who reported that 34 were not genuine. 3 Samples contained added water, 20 had butter fat deficiencies, 9 were low in solids not fat, and 2 contained foreign matter. Successful legal proceedings were instituted in respect of 2 samples of milk containing respectively 13% and 14% of added water.

(b) Biological Examination: No evidence of bovine tuberculosis was found in any sample, but Brucellosis was found in the milk distributed by 5 Producer/Retailers. Brucella was found in 39 samples, but this figure is inclusive of individual and group samples. Pasteurisation Orders were placed on the 5 Producer/Retailers.

When considering the hierarchy of officials who visit a farm it would appear that milk production is excessively controlled. Yet there still exists serious public health problems. The farmers veterinary advisers can treat mass abortion in a herd without having to notify the Local Authority's Health Department or the Milk Marketing Board. Consequently, there is nothing to stop the infected milk from being diverted at the Creamery to a retailer purchasing bulk raw milk for bottling on his own premises.

Reference has been made in previous reports to those problems dealing with the disposal of infected animals and of those incurred when directing known infected milk for pasteurising purposes.

(c) Pasteurising Plants: There is only one milk pasteurising plant in the county. This is inspected weekly, attention being paid to the efficiency of the pasteurising operators. All samples taken off the plant were found to be satisfactory.

(d) School Milk: All milk supplied to the schools is pasteurised. The County Council's economy cuts produced some problems in the distribution of school milk. The larger milk distributors found that it was not economical to deliver milk to some of the village schools because of the small quantities involved, therefore, they did not tender for the contract. Local retailers were asked to collect and deliver pasteurised milk. In one area, because of the scattered nature of the district, there were delays in collection and delivery with consequent complaints of poor keeping quality.

Other Foods: 303 Foodstuffs were submitted for chemical analysis and 8 were found to be adulterated or did not comply with the Labelling of Food Orders. Warning letters were sent in all cases. 15 Samples of food colouring matter were taken from various food manufacturing premises and one prohibited colour - Blue V.R.S. was found. The baker was allowed to surrender it.

24 Samples of foodstuffs were also submitted for bacteriological examination. These included meat pies, savoury ducks, prawn cock-tails, black puddings, butchers meat sold as pet food, corned beef, mussels, sausages, cream, liquid eggs, synthetic cream and meat pie fillings. No organisms of significance were isolated.

A small amount of chemicals from sprays were found on apples and pears but the amounts were well below the permitted maximum.

5 complaints were received regarding foreign matter found in foods. After a thorough investigation and having regard to all of the circumstances it was decided that no legal action could be taken. The attention of the food distributors or manufacturers was drawn to the matter in each case.

Fertiliser and Feeding Stuffs: 19 Samples of fertilisers and 13 samples of feeding stuffs were chemically examined and all were satisfactory. 11 Samples were also bacteriologically examined, and one of the group of salmonella organisms was found in a sample of bone meal.

Other Duties: The inspection of schools, school canteens and clinics, the investigation of complaints, water supply and refuse disposal. Inspection of premises under the Pharmacy and Poisons Act.

Handicapped Persons - Adaptation to Premises - 20 applications were received for assistance in the conversion of homes so that physically handicapped people could be made mobile. These alterations included the preparation and treatment of walls and ceilings, and the strengthening of floors so that kidney unit machines could be installed, the lowering of the level of kitchen sinks, widening doors, the provision of handrails, downstairs toilets, ramps, the extending and levelling of footpaths.

Health Education: Talks and film shows were given to Young Farmers Clubs, Young Wives Clubs, Church Organisations, Canteen Staffs, Nursing and Domestic Science Students. The topics included clean food, the social services, smoking and lung cancer, environmental health and housing.

A successful exhibition was also staged at the Flint and Denbigh Agricultural Show. This year's theme was on "The Use of Leisure" and was supported by a display of the work undertaken by students at the Glyndwr Evening Institute. This consisted of a practical demonstration in quilt making, basketry, weaving, needlework, flower arranging, painting and crotcheting.

The Flint Borough Council also helped with a display of large print books.

E. LEWIS.

Section E

NATIONAL ASSISTANCE ACT, 1948

The Welfare Committee administers the service provided by the Authority under Sections 21 - 28 of the National Assistance Act. The Health Department continues to administer Sections 29 and 30 of the Act.

There is close liaison between the Welfare Department and the Health Department and all medical matters affecting the Welfare Department are referred by the County Welfare Office to the Health Department.

National Assistance Act: Sections 29 and 30 - These important sections to the National Assistance Act are administered by the Health Committee. The County provides services for the blind and partially sighted and the deaf and dumb through agency arrangements with the Chester and District Blind Welfare Society and the Chester and North Wales Society for the Deaf respectively these two voluntary societies have given excellent service to the community for many years and continued their good work in the County during the year.

The total blind and partially sighted persons in the County are shown below. These persons were visited during the year by the Home Teachers of the Society and reported on to the appropriate Area Health Sub-Committees which are attended by a representative of the Blind Society.

A fairly recent innovation in the field of blind welfare has been the provision of Talking Book Machines. A small number of talking books have been available on loan from the Royal National Institute for the Blind for some years, but in the last few years there have been great strides in recording books on special topics and the provisions of special tape recorders operated by the blind persons to play these back. In 1966, the Health Committee agreed to pay the annual rental for the hire of the tape recorders for each blind persons provided with this equipment. By the end of 1968, 67 blind persons in the county were using Talking Book Machines and getting a regular supply of books of their choice on suitable tapes. Each newly registered blind person is now informed of this scheme and given the opportunity of hearing a recording and when possible handling the equipment himself.

Every effort is made to find suitable work for blind persons who are employable either in open industry or in sheltered workshops. In this connection the County works in collaboration with the Blind Persons Resettlement Officer of the Ministry of Labour and with the Group Dis-ablement Resettlement Officer and the staff of the Chester Blind Society.

The majority of the blind and partially sighted persons on the register are elderly. Amongst these persons valuable social work is done by the Home Teachers by regular visiting. Regular visiting ensures that the many needs of the blind are met and met quickly, whether financial problems, domestic or purely personal and social.

From Table 30 will be seen that there are 102 deaf persons in Flintshire who are visited by the Chester and North Wales Society for the deaf and many of whom also avail themselves of the excellent club facilities provided by the society.

Reports on the work of the Welfare Officers are submitted to each Area Health Sub-Committee and the Secretary of the Society for the Deaf attends. The Health Committee has always been appreciative of the excellent work done by the Society for the deaf in the County.

The total number of Blind persons on the Register was 356. 11 of these were under 16 years of age and at school, and 71 were in the employable age group from 16-59 and 31 were in employment as follows:-

Workshops for the Blind	8
Home Workers' Scheme	3
Ordinary Conditions	20

There were 156 on the register of Partially/Sighted, of these 5 were employed. 9 were children attending special schools and 6 were attending local day schools.

Regular visits were made by the Home Teachers and lessons were given where required in embossed types and handcrafts. Weekly craft classes were held in Buckley and Prestatyn; also, monthly socials and a weekly dancing class in Rhyl.

Table 27

**A - FOLLOW-UP OF REGISTERED BLIND AND
PARTIALLY-SIGHTED PERSONS - 31st DECEMBER, 1968**

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of forms B.D.8 (revised) recommends:				
(a) No Treatment:				
Blind	1	4	-	18
Partially-sighted	5	1	-	13
(b) Treatment (medical surgical or optical):				
Blind	3	2	-	4
Partially-sighted	5	2	-	1
Total Blind and partially-sighted	14	9	-	36
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:				
Blind	-	1	-	2
Partially-sighted	2	1	-	1
Total Blind and Partially-sighted	2	2	-	3

N.B. 3 Cases died.

B - OPHTHALMIA NEONATORUM

- (i) Total number of cases notified during the year - NONE
- (ii) Number of cases in which:-
- (a) Vision lost - NONE
 - (b) Vision impaired - NONE
 - (c) Treatment continuing at end of year - NONE

Table 28

CHESTER AND NORTH WALES SOCIETY FOR THE DEAFLIST OF PERSONS ON THE REGISTERS ON
THE NIGHT OF 31st DECEMBER, 1968

The following information is given by Mr. A.E. Middleton, Secretary - Superintendent of Chester and North Wales Society for the Deaf.

Details	Up to 16	16-64	65 & over
Deaf with Speech: -			
Males	1	4	2
Females	-	3	10
Deaf No speech: -			
Males	4	15	5
Females	4	18	3
Hard of Hearing: -			
Males	3	8	5
Females	3	8	6
TOTALS	15	56	31

Number of Males on Register at 31:12:68 = 47

Number of Females on Register at 31:12:68 = 55

TOTAL = 102

Handicapped Persons - General Classes: We continued to provide a limited service for the generally handicapped during 1968. Limited entirely due to lack of trained staff and repeated advertisements have not attracted a single trained person.

Mrs. Wareham completed her course of training as a social worker in June, 1968, gained The Certificate in Social Work of The National Council in Social Work training. She was designated Senior Social Worker for the Handicapped and based at the Shire Hall. She was made responsible for the administration of the services for the handicapped and continued to carry out case work in an area of the county, but her case load was smaller than that of the other two Home Visitors because of her supervisory duties.

With the increase in numbers of handicapped persons on the register, it is my intention to apply for an additional Home Visitor next year, bringing the total social work staff up to four. This would help both the home visiting of the handicapped and enable us to do more constructive rehabilitation work at our five social clubs.

During the year the Home Visitors worked closely with Health Visitors, the Group Disablement and Resettlement Officer of the Department of Health and Social Security. In addition they have now developed valuable contacts with several voluntary bodies and members of these voluntary organisations attend at each of the 5 Social Clubs held for the handicapped each week.

The total number of handicapped persons on our register continued to grow as the figures in Table 31 shows. However, there are many others who would benefit by registration and the help that a full service could provide, but so far we have not been able to go out and seek them due to lack of trained social workers to help in this field. I see no way out of this difficulty except to train our own staff and this is slow procedure as we can only send one person away on a two year course at a time and to train a full complement of staff for the work would take six to eight years.

A great deal of work is done each year to help the handicapped by carrying out adaptations at their homes. The nature of the adaptations vary in each case and depend on the needs of the handicapped and the type of house in which he or she resides. During 1968, 17 adaptations were carried out at a total cost of £1,609. and these varied from minor works such as fixing a handrail to a stairway to a complete adaptation of a room for the use of an artificial kidney machine, such an adaptation would cost up to £400. In this work, Mr. E. Lewis, the County Public Health Officer, has played a very valuable role in visiting and assessing the extent of the structural work required to implement the recommendations of the social worker. In the larger schemes it is necessary

for the County Architect to prepare details of the work required so that tenders can be received from suitable local builders. When the property is owned by a Local Authority they will often carry out the work for us and charge the department the cost of labour and materials.

During the year the scheme for adaptation of housing for the handicapped became more widely known and, therefore, more requests were received. All requests were inspected by Mr. Lewis, the County Public Health Officer, and a member of the Architect's staff. Work was carried out by either County Architect's staff, Local District Councils or Private Contractors. The costs varied from £5. to over £300. according to work done which was as follows:-

- Providing ramps - 5 cases
- " concrete paths - 2 cases
- " fixing toilet aids - 2 cases
- " handrails - 6 cases
- " drives and lowering kerbs for invalid cars - 3 cases
- " partition in house - 1 case
- Lowering of washbasin - 1 case
- Building of new toilet - 1 case
- Providing downstairs toilet - 5 cases
- Adaptation of downstairs room as bathroom - 3 cases

During the year, we had the use of a special ambulance to convey handicapped persons to the social classes. This ambulance is fitted with a hydraulic lift which will lift a patient in his wheelchair from ground level to inside the vehicle, and carry a total of 8 patients in wheelchairs or up to 14 sitting cases not in chairs. This vehicle has made a great difference to the attendance of the more seriously handicapped at these classes and been much appreciated by all confined to wheelchairs.

In conjunction with the Deeside Round Table, a swimming club, known as The Deeside Handicapped Persons Swimming Club was formed and handicapped persons are transported to this club on a Friday evening for one hour's swimming instruction. A number of the members were presented with medals at the end of the year.

Very successful exhibitions and sales of work done by handicapped persons were held during the year at the Denbighshire and Flintshire Agriculture Show and at the Town Hall, Chester. Christmas parties were again held at the Mold, Holywell and Rhyl High Schools. At these parties voluntary organisations helped with refreshments and the Social Service Groups from the respective schools helped with entertainments and distribution of presents.

A holiday was booked at the Derbyshire Miners' Holiday Centre,

Rhyl, for the period 2nd to 9th May. All handicapped persons were invited and a total of 129 handicapped persons and relatives took the holiday. The two visitors for the handicapped, together with two volunteers and a member of my staff, lived in at the holiday camp and were always available to give help and guidance to handicapped persons. Members of voluntary organisations in the Western area were invited to special meetings held at Rhyl and Mold, and expressed a keen desire and willingness to help either with monetary gifts or in kind. The programme for the week included coach tours each day and variety shows each evening. Everyone participating in the holiday thoroughly enjoyed themselves and many letters of appreciation were received. The whole venture was a great success and it is hoped that it will be possible to repeat it next year.

Ever since our work for the generally handicapped started, we have had excellent support and help from numerous voluntary organisations in the county and this valuable help makes it much easier to meet the many calls made on our limited staff by the growing services for this group of persons.

I would like to thank the outside bodies who helped us in our work during the year - doctors, hospital staff and the many voluntary organisations who were always willing to assist when requested.

Additional registrations were received during the year and all old and new cases on the register are visited regularly by the Health Visitors, the Home Visitors visiting in those cases where their help with training will be beneficial or was considered necessary. The Home Visitors did not visit cases in employment or who would be unable to do any hand work but these cases were visited by the Health Visitor.

At the end of 1968 the number of handicapped persons excluding blind and deaf and dumb on our registers were as follows:-

	Aged under 16	Aged 16 to 64	Aged 65 and over	Total
Males	105	62	36	203
Females	65	100	56	221
TOTAL	<u>170</u>	<u>162</u>	<u>92</u>	<u>424</u>

Particulars of Visits Paid by Home Visitors During Year:

Number of first visits (i.e., to new patients who have not been visited at any time previously)	94
Re-visits	3675
	3769

Particulars of Attendances at Handicapped Persons Classes During Year:

Bagillt Clinic	-	776 attendances
Buckley Clinic	-	768 attendances
Connah's Quay Clinic	-	899 attendances
Prestatyn Clinic	-	772 attendances
Rhyl Clinic	-	864 attendances

Table 29

PATIENTS ON REGISTER OF HOME VISITORS OF HANDICAPPED PERSONS
ON 31ST DECEMBER, 1968

Major handicaps	Age Under 16 (1)	Age 16-29 (2)	Age 30-49 (3)	Age 50-64 (4)	Age 65 or over (5)	Total (6)
1. Amputation	-	1	1	4	8	14
2. Arthritis or rheumatism	-	1	5	26	31	63
3. Congenital malformations or deformities	-	3	-	-	1	4
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	-	3	4	13	12	32
5. Injuries of the head, face, neck, thorax, abdomen pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine.	-	2	3	3	1	9
6. Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	-	13	26	29	34	102
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	-	9	2	1	1	13
8. Tuberculosis (respiratory)	-	-	4	8	2	14
9. Tuberculosis (non-respiratory)	-	-	-	-	-	-
10. Diseases and injuries not specified above	-	-	-	1	2	3
11. Total	-	32	45	85	92	254



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